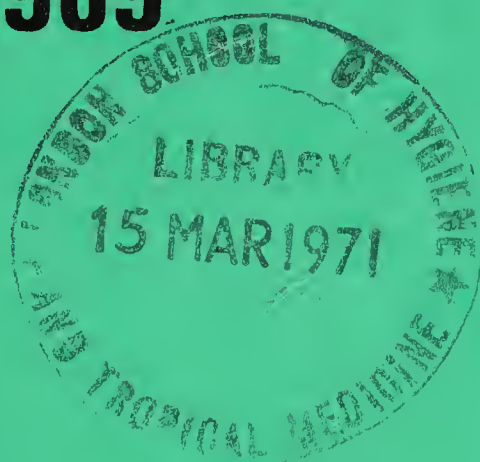




County Borough of Dudley

HEALTH AND WELFARE SERVICES 1969





COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

PRINCIPAL SCHOOL MEDICAL OFFICER

DIRECTOR OF WELFARE SERVICES

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H.

PRINCIPAL CONTENTS

Constitution of Committees	3
Staff	5
Vital Statistics	12
Congenital Malformations	15
Infectious Disease	16
Venereal Disease	19
National Health Service Act 1946—	
Care of Mothers and Young Children	20
Nurseries and Child Minders	21
Nursing Services	24
Midwifery	24
Health Visiting	27
Home Nursing	29
Vaccination and Immunisation	32
Ambulance Service	35
Prevention of Illness, Care and After-Care	37
Health Education	37
Chiropody	37
Cervical Cytology	38
Home Help Service	38
Housing on Medical Grounds	39
Medical Examinations of Staff	39
Chief Veterinary Officer's Report	40
Welfare Services	43
Luncheon Clubs and Meals on Wheels	46
Care of Physically Handicapped	47
The Deaf	49
The Blind	50
Sheltered Workshops	50
Remedial Aids and Adaptations	50
Homeless Families—Temporary Accommodation	51
Care of Mentally Disordered	52
School Health Service	54
Chief Public Health Inspector's Report	83
Housing	95
Water	101
Factories	103
Noise Abatement	109

Constitution of Committees for the year 1969/70

HEALTH COMMITTEE

Councillor B. A. Meredith (Chairman)

Councillor J. D. Kendall (Vice-Chairman)

The Mayor	Councillor C. G. Murray
The Deputy Mayor	Councillor J. F. O'Neill
Alderman J. C. Price	Councillor F. Overton
Councillor G. W. Beswick	Councillor J. Payne
Councillor Mrs. M. H. Ellis	Councillor J. W. R. Roe
Councillor M. J. C. Elwell	Councillor Dr. K. C. Rogers
Councillor S. Fairfold	Councillor J. D. Skelding
Councillor W. G. K. Griffiths	

(Members of the Council)

Dr. R. J. H. Guy	} Appointed by Dudley Executive Council
Dr. F. G. Lewis	
Mr. T. E. Bennett	
Mrs. D. Crump	
	Appointed by Local Hospital Management Committee
Dr. R. J. H. Guy	Appointed by Dudley Local Medical Committee

Mrs. W. D. Meredith	Mrs. D. Harty
---------------------	---------------

(Co-opted Members)

WELFARE COMMITTEE

Councillor C. G. Murray (Chairman)

Councillor Miss M. E. Moss (Vice-Chairman)

The Mayor	Councillor Mrs. S. M. Griffiths
The Deputy Mayor	Councillor F. Hadden
Alderman J. L. Billingham	Councillor P. A. G. Hollins
Alderman J. P. Fithern	Councillor P. L. R. Horseman
Alderman H. N. Hayden	Councillor J. Payne
Alderman Mrs. L. Hingley	Councillor E. K. Turner
Councillor Mrs. R. E. Dangerfield	Councillor F. J. Williams
Councillor J. W. Garratt	

(Members of the Council)

Mrs. W. A. Allport	Mrs. J. G. Rowley
Mrs. M. Baker	Mrs. F. T. Webb
Mrs. E. A. Duesbury	Mr. S. Grange

**(EDUCATION) SCHOOLS AND SPECIAL SERVICES
SUB-COMMITTEE**

The Mayor	Councillor Mrs. R. E. Dangerfield
The Deputy Mayor	Councillor W. G. K. Griffiths
Alderman J. Jones	Councillor D. Harty
Alderman E. Morris	Councillor W. T. Harris
Alderman J. T. Wilson	Councillor R. J. Griffiths
Councillor M. J. C. Elwell	Councillor J. D. Kendall
Councillor Mrs. G. Homer	

(Members of the Council)

Mr. R. Handley	Canon Stevens
Mr. W. J. Love	Rev. Fisher
Mr. R. G. Hough	

HEALTH AND WELFARE STAFF

as at 31st December, 1969

Medical Officer of Health	G. M. Reynolds, M.B., B.Ch., B.Sc., D.P.H.
Deputy Medical Officer of Health	J. A. McKinnon, M.D., M.B., Ch.B., D.P.H.
First Senior Medical Officer ..	M. Kerrigan, B.A., M.B., B.Ch., B.A.O., D.P.H.
Senior Medical Officers	V. Rao, B.Sc., M.B., B.S., D.P.H. A. Shukla, M.B., B.S., D.C.H.
Medical Officers	D. E. George, M.B., Ch.B. M. Passi, M.B., B.S., D.P.H. J. R. B. Gibson, L.R.C.P., L.R.C.S., L.R.F.P.S. B. Clarke, M.B., Ch.B. G. J. O'Connor, M.B., B.Ch., B.A.O., N.U.I. M. N. Rose, M.B., Ch.B. P. J. Edwin, M.B., Ch.B.
Ear, Nose and Throat Consultant ..	G. O. Clarke, F.R.C.S.
Consultant Chest Physician ..	A. W. B. MacDonald, B.Sc., M.D.
Consultant Child Psychiatrist ..	D. T. Maclay, M.D., D.P.M.
Consultant Ophthalmologists ..	L. H. G. Moore, M.B., Ch.B., D.O.M.S. J. A. Cox, M.N., B.S., D.O.
Consultant Orthopaedic Surgeon	J. A. O'Garra, M.Ch., Orthop., F.R.C.S.
Consultant Obstetrician	J. A. Nagle, M.B., B.Ch., B.A.O., D.P.H.
Chief Dental Officer	Mrs. J. P. McEwan, L.D.S., R.F.P.S.
Senior Dental Officers	Miss J. Caswell, B.D.S., L.D.S., R.C.S. P. M. Harrison, B.D.S. P. M. Cross, B.D.S. D. J. Prince, B.D.S.

Dental Officers	..	..	..	A. W. Parkes, M.B., Ch.B., B.D.S. Miss A. Twardy, L.D.S., R.C.S.(E). Mrs. J. Turner, B.D.S. E. B. Cheffins, L.D.S. M. Baguant, L.D.S., R.C.S. R. T. Uren, B.D.S. D. C. Martin, B.Ch.D., L.D.S.
Dental Auxiliary	..	..	..	1
Dental Surgery Assistants				
	(Full-time)	..	..	3
	(Part-time)	..	..	7
Principal Nursing Officer	..	..	..	Miss M. Le Manquais, S.R.N., R.F.N., S.C.M., M.T.D., H.Vs. Cert.
Superintendent Health Visitor	..	..	..	Miss A. Lamb, S.R.N., S.C.M., H.Vs. Cert.
Combined Health Visitors and School Nurses (Full-time)	..	..	..	17
Combined Health Visitors and School Nurses (Part-time)	..	..	..	10
School/Clinic Nurses (Full-time)				11
Tuberculosis Health Visitor	..	..	..	1
Student Health Visitors	..	..	..	4
Non-Medical Supervisor of Mid- wives	..	..	..	Miss G. M. Davies, S.R.N., S.C.M., Prem.Baby Cert.
Domiciliary Midwives (Full-time)				19
Domiciliary Midwives (Part-time)				7
Superintendent Home Nurse	..	..	..	Miss P. Lawton, S.R.N., Queens Nurse
District Nurses (Full-time)	..	..	..	26
District Nurses (Part-time)	..	..	..	3
Nursing Auxiliaries (Part-time)				6
Domestic Help Organiser	..	..	..	Miss D. M. Cassere
Assistant Organiser	..	..	..	1
Domestic Helps	..	..	..	the equivalent of 70 (Full-time)

Chief Chiropodist	R. G. Matthews
Chiropodist (Full-time)	1
Chiropodists (Part-time) ..	6
Senior Speech Therapist Part-time)	Mrs. G. M. Stuffins
Speech Therapists (Part-time)	1
Orthoptist (Part-time)	1
Audiology Technician (Full-time)	1
Chief Welfare Officer	J. Berry
Casework Organiser	1
Senior Social and Mental Welfare Officers	2
Social and Mental Welfare Officers	4
Welfare Officer for the Blind ..	1
Welfare Officer for the Deaf ..	1
Trainee Welfare Officers.. ..	5
Welfare Assistants	2
Occupational Therapists/ Handicraft Instructresses ..	2
Homes Officer	1
Matrons of Residential Homes..	10
Assistant Matrons	7
Training Centre Supervisors	
Dixons Green	Mrs. I. M. Cooper
Audnam	C. M. Kelcey
Assistants and Instructors ..	18
Chief Veterinary Officer	D. Howie, M.R.C.V.S., D.V.S.M.
Meat Inspectors	6
Chief Public Health Inspector ..	W. Parker, M.R.S.H., M.A.P.H.I., M.Inst. P.C., Cert.S.I.B.
Deputy Chief Public Health Inspector	W. H. Bowman, M.R.S.H., M.A.P.H.I., Cert.S.I.B.
Assistant Chief Public Health Inspector	C. H. Crawford, M.A.P.H.I.
Chief Divisional Public Health Inspector	H. R. Fry, M.A.P.H.I., M.R.S.H., A.C.I.S.

Divisional Inspectors	..	..	3
District Inspectors	..	..	6
Housing Inspectors	..	..	3
Food Inspectors	..	..	2
Additional Inspectors	..	..	2
Meat Inspector	..	..	1
Technical Assistant	..	..	1
Pupil Public Health Inspectors	..		2
Principal Administrative Assistant			J. W. Trinder
Deputy Principal Administrative Assistants	..	..	2
Senior Administrative Assistants			2
Other Administrative and Clerical Staff	..	..	44 (Full-time)
			12 (Part-time)

F O R E W O R D

The estimated mid-year population of the Borough was 181,380, which is an increase of 1,870 over the previous year. The number of live births was 3,451, which is fewer by 189 than the 1968 total. An infant mortality rate of 20 compares unfavourably with a national rate of 18, but the perinatal mortality rate of 23 was the same for Dudley as for England and Wales.

The six most common causes of death were Ischaemic Heart Disease (399), Cerebro Vascular Disease (299), Bronchitis and Emphysema (165), Pneumonia (123), other forms of Heart Disease (102), and Cancers of the lung and bronchus (91). These conditions were the cause of death of 1,187 people out of a total of 1,933. Twenty-one people were killed in motor accidents.

An analysis of the immunisation state of all children born in 1967 who were living in the County Borough at the end of 1969 shows that 83% (83%) had been protected against Diphtheria, 81% (81%) against Whooping Cough, and 82% (80%) against Poliomyelitis. In addition 82% had been protected against Tetanus and 49% (31%) of children under two years of age had been protected against Smallpox. The national figures, where available, are shown in brackets.

During 1969 a total of 3,136 children of all ages received protection against Measles compared with 3,693 in the previous year. The giving of this vaccine received a setback in March, 1969 when supplies from one manufacturer had to be withdrawn. Because vaccine was then in short supply, only susceptible children between their fourth and seventh birthdays and those children attending Day Nurseries or Nursery Schools or living in residential establishments between their first and seventh birthdays were offered vaccination for the remainder of the year. The number of cases of Measles notified in 1969 was 92 compared with 239 for 1968 and 508 for 1967. The biennial epidemic of Measles which should have appeared during 1969 did not materialise, and it is reasonable to attribute the reduction in the incidence of the disease to the effects of vaccination.

During the year the Standing Medical Advisory Committee for the Health Services published a booklet on Venereal Disease which stressed the importance of contact tracing. A system of tracing in the West Midlands was already under discussion by the Medical Officers of Health of the Five County Boroughs and the Birmingham Regional Hospital Board, although it was not until 1970 that agree-

ment was reached on the appointment of Contact Tracers to serve the three Venereal Disease Clinics in the area. As these Clinics served five Local Authorities, there was considerable overlapping in the work which would make it difficult for Local Health Authorities to appoint Tracers to work within their own boundaries. To overcome this the Regional Hospital Board agreed to appoint sufficient Tracers for the Clinics to serve all five Authorities and to bear the cost of salaries and expenses of these Officers. The Board in turn would be reimbursed by the Local Health Authorities in proportion to their population.

In April a letter was received from the Dudley Local Dental Committee expressing disappointment at the Council's decision to refuse to permit fluoridation of the public water supply. The Council was asked to reconsider this matter and this request was supported by the Dudley Executive Council. Three months later a Circular letter was received from the Department of Health and Social Security and with it was enclosed a report on The Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years. The Report described the results of studies which began in 1955 in three areas in England and Wales, all of which confirmed that fluoridation produced a substantial reduction in the amount of dental decay in the temporary teeth and showed that, in those age groups in which it can be expected to have affected the resistance of permanent teeth to dental decay, fluoridation of water supplies also had a beneficial effect. Unfortunately, the Council adhered to their previous decision not to agree to the fluoridation of public water supplies within the County Borough.

Offices near to the Council House, formerly owned by the National Coal Board, were acquired by the Corporation and the Health and Welfare Department and the Children's Department were allocated the new accommodation in November. Not only was this a great advantage to the Health and Welfare Department, which for the first time ever was housed in one building, but all the Social Services of the Local Authority were also under one roof.

The cost of the Health, Welfare and School Health Services for the financial year 1969/70 was £860,437. An Old People's Home at Coseley with 48 places was completed early in December, but admissions were not arranged until the following month. The building of a Training Centre at Russells Hall for 180 mentally handicapped children was somewhat delayed and although it should have been ready for occupation in September, it was not possible to take children into the Centre until the following year. In June the adaptations to Broadfield House were completed and

this provided accommodation for fifteen elderly people. Some preliminary planning and discussions relating to the proposed Clinic at Wordsley and the extensions of the Clinics at Lower Gornal and Kingswinford into Health Centres took place during the year. Other projects included in the Capital Building Programme are a 100-place Adult Training Centre, a Health Centre at Brierley Hill, a Central Handicraft Centre, and an Old People's Home at Sedgley. The adaptation of one of the small Old People's Homes into a Hostel for Subnormal Adults is also included in the programme, together with an extension to Albert House Old People's Home to provide residential accommodation for the elderly mentally confused. The total cost of the Capital Building Programme over the next five years is approximately £791,000.

I am grateful to the Chairman and Members of the Health, Welfare and Education Committees and their Sub-Committees for their continued support, interest and encouragement.

G. M. Reynolds.

Medical Officer of Health
Director of Welfare Services and
Principal School Medical Officer

January 1971.

VITAL STATISTICS

Population—Registrar General's estimate, 1969 ..	181,380
Rateable Value (at 1st April, 1969)	£8,024,172
Estimated Product of 1d Rate (1969/70)	£33,500

Live Births:

	M.	F.	Total
Legitimate	1707	1583	3290
Illegitimate	75	86	161
	1782	1669	3451

Rate per 1,000 population	16.3
	*(16.3)
Illegitimate live births per cent of total live births	5

Stillbirths

	M.	F.	Total
Legitimate	19	28	47
Illegitimate	—	—	—
	19	28	47

Rate per 1,000 total live and still births..	13
	*(13)

Total Live and Still Births:

M.	F.	Total
1801	1697	3498

Infant Deaths (Deaths under 1 year):

	M.	F.	Total
Legitimate	39	24	63
Illegitimate	3	2	5
	42	26	68

Infant Mortality Rates:

Total infant deaths per 1,000 total live births ..	20
	*(18)
Legitimate infant deaths per 1,000 legitimate live births	19
	*(17)
Illegitimate infant deaths per 1,000 illegitimate live births	31
	*(25)
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	12
	*(12)
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10
	*(10)
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	23
	*(23)

Maternal Mortality (including abortion)

Deaths	..	—
Rate per 1,000 total live and stillbirths ..	..	—

Deaths:

M.	F.	Total
1023	910	1933

Death Rate per 1,000 population:

13.2
*(11.9)

*The National Rates are shown in brackets.

Deaths from all causes:

	M.	F.	Total
Enteritis and other diarrhoeal diseases ..	2	2	4
Tuberculosis of respiratory system ..	6	—	6
Other tuberculosis, incl. late effects ..	1	2	3
Other infective and parasitic diseases ..	1	—	1
Malignant neoplasm, buccal cavity etc. ..	3	—	3
Malignant neoplasm, oesophagus ..	8	5	13
Malignant neoplasm, stomach	29	24	53
Malignant neoplasm, intestine	18	24	42
Malignant neoplasm, larynx	4	—	4
Malignant neoplasm, lung, bronchus ..	80	11	91
Malignant neoplasm, breast	—	40	40
Malignant neoplasm, uterus	—	12	12
Malignant neoplasm, prostate	7	—	7
Leukaemia	3	4	7
Other malignant neoplasms	35	53	88
Benign and unspecified neoplasms ..	—	2	2
Diabetes mellitus	8	12	20
Avitaminoses, etc.	—	1	1
Other endocrine etc. diseases	—	6	6
Anaemias	6	8	14
Mental Disorders	—	3	3
Meningitis	1	1	2
Other diseases of nervous system etc. ..	11	10	21
Chronic rheumatic heart disease	17	16	23
Hypertensive disease	25	33	58
Ischaemic heart disease	245	154	399
Other forms of heart disease	37	65	102
Cerebrovascular Disease	124	175	299
Other diseases of circulatory system ..	29	33	62
Influenza	10	16	26
Pneumonia	63	60	123
Bronchitis and emphysema	125	40	165

	M.	F.	Total
Asthma	2	—	2
Other diseases of respiratory system ..	8	6	14
Peptic ulcer	13	6	19
Appendicitis	2	—	2
Intestinal obstruction and hernia	3	3	6
Cirrhosis of liver	4	—	4
Other diseases of digestive system ..	11	5	16
Nephritis and nephrosis	6	7	13
Hyperplasia of prostate	5	—	5
Other diseases, genito-urinary system ..	5	7	12
Diseases of musculo-skeletal system ..	3	7	10
Congenital anomalies	8	6	14
Birth injury, difficult labour, etc.	8	7	15
Other causes of perinatal mortality ..	13	4	17
Symptoms and ill defined conditions ..	3	4	7
Motor vehicle accidents	13	8	21
All other accidents	15	26	41
Suicide and self-inflicted injuries	2	1	3
All other external causes	1	1	2
	1023	910	1933

Deaths

There were 1,933 deaths giving a death rate of 13.2 compared with the National rate of 11.9.

The six most common causes of death were as follows:

Ischaemic heart disease	399
Cerebrovascular disease	299
Bronchitis and emphysema	165
Pneumonia	123
Other forms of heart disease	102
Malignant neoplasm, lung, bronchus	91

21 deaths—an increase of eight on the previous year—were due to motor vehicle accidents and 41 to other accidents. There were 3 suicides compared with 12 in 1968.

Birth Rate

There were 3,290 legitimate live births, a reduction of 177 over the previous year, and 161 illegitimate live births during the year. The Birth rate of 16.3 is the same as the National Rate.

Infant Mortality and Stillbirths

Deaths of infants under one year of age totalled 68 giving an infant mortality rate of 20 compared with 18 for the Country generally.

There were 47 stillbirths, giving a stillbirth rate of 13, which is the same as the National Rate.

Premature Infants

During 1969 there were 231 premature live births and 32 premature stillbirths, compared with 253 and 29 respectively in the previous year.

19 premature infants born at home were nursed entirely at home whilst 6 were transferred to hospital. The balance of 206 were born in hospital. 21 babies died within the first 24 hours and a further 7 between the second and seventh days.

Congenital Malformations Observable at Birth

Congenital malformations were reported in 44 live births and 12 still births. The number of malformations notified was 67 and these were classified as follows :—

Central Nervous System	..	..	..	21
Eye and Ear	..	..	..	2
Alimentary System	..	..	..	11
Urino-Genital System	..	..	..	3
Limbs	..	..	..	17
Other parts of Musculo-Skeletal System	..			2
Other Systems	..	..	..	4
Other Malformations	..	..	..	7
				67

INFECTIOUS DISEASE

Notifications of Infectious Disease were received during 1969 as follows:

				Numbers Notified		Admitted to Hospital
				M.	F.	
Scarlet Fever	..	..	..	4	4	—
Whooping Cough	..	..	..	—	—	—
Measles	..	..	..	92	91	—
Pneumonia	..	..	..	—	—	—
Dysentery	..	..	..	316	312	5
Food Poisoning	..	..	..	10	12	4
Meningitis	..	..	..	—	1	1
Ophthalmia Neonatorum	..	..	..	—	3	—
Infective Jaundice	..	..	..	7	10	3
Typhoid	..	..	..	1	1	1
Post Infective Encephalitis	..	..	..	1	—	1

No cases of Poliomyelitis or Smallpox.

The major problem arising during the year was the series of outbreaks of Sonnei Dysentery which occurred during the first four months. Sporadic cases of this disease occur from time to time but in February and March of 1969, it spread rapidly through a number of Infant and Junior Schools in the Borough. Further cases occurred amongst family contacts at home and a total of 628 cases were notified during the year. The origins of the outbreak could not be traced back to school meals or related to the age and type of construction of the school buildings. Outbreaks occurred in some of the oldest schools in the Borough, but also in the most recently built. Sonnei Dysentery spreads rapidly since it is transmitted by contamination of toilet seats, toilet flush handles and door handles, and consequently it is difficult to control amongst small children. The early months of 1969 were relatively warm and humid and this may well have provided more suitable conditions for growth of the organism than are usually found at this time of year. The work load of the Public Health Inspectors who carry out investigations in cases of infectious disease, was greatly increased during this period and some other duties had to be dropped in order to try and contain the outbreaks.

There was a considerable fall in the number of cases of measles which were notified and this repeats the National experience. The early part of 1969 should have seen an epidemic of measles which normally follows a two year cycle of high and low figures. Immunisation against measles was introduced in Dudley in 1968 and the anticipated epidemic did not occur in the early part of 1969.

Typhoid Fever

Two cases of typhoid were notified during the year. A fourteen year old boy who had lived in this country for a number of years was admitted to a general hospital with a fever and was diagnosed as suffering from typhoid. The other patients in the small ward in which he had been confined were quarantined for twenty-one days and no further cases of typhoid occurred there. This youth's nine year old sister was also found to be suffering from typhoid on the day of his transfer to an isolation hospital and she was admitted immediately to the same hospital.

Both cases were found difficult to treat but after several courses of treatment in hospital they were considered to be cured. Investigations to establish the source of the infection continued over a period of four months and it was then found that an adult woman who had stayed in the home of the boy and girl for a short time was a typhoid carrier. She had moved into Dudley from another area where she was known to be a carrier of the disease and had not notified her change of address either to the area which she had left or to this Authority. This woman is being kept under surveillance by the Department and there are regular laboratory checks.

Tuberculosis

The number of notifications of Tuberculosis during the last five years is as follows:

				Respiratory	Non-Respiratory	Total
1969	..	..	..	48	11	59
1968	..	..	..	27	10	37
1967	..	..	..	43	13	56
1966	..	..	..	35	6	41
1965	..	..	..	34	8	42

New Cases Notified

			0—	1—	5—	15—	45—	65—	Total (all ages)
Respiratory :									
Males	..	..	—	5	2	9	8	5	29
Females		..	—	4	3	8	3	1	19
Non-Respiratory :									
Males	..	..	—	—	3	3	2	—	8
Females		..	—	—	1	2	—	—	3

Fifty-nine new cases of Tuberculosis were notified during the year as shown above. In addition six patients who were originally diagnosed as having the disease when living elsewhere in the country moved into the County Borough to live. Of the new notifications 24 occurred in Asian immigrants.

During the year there were 12 outward transfers, 49 were removed from the register as cured, and 16 died, leaving a total of 953 on the register at the end of the year.

The number of persons on the register on the 31st December is given for the last five years.

				Respiratory	Non-Respiratory	Total
1969	..	..	..	828	125	953
1968	..	..	..	854	127	981
1967	..	..	..	881	125	1006
1966	..	..	..	903	118	1021
1965	..	..	..	389	48	437

The following is an analysis of deaths due to Tuberculosis:—

<i>Age Groups</i>	0—	1—	5—	15—	45—	65—	<i>Total (all ages)</i>
Respiratory :							
Males	—	—	—	—	5	3	8
Females	—	—	—	1	—	—	1
Non-Respiratory :							
Males	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—

In addition 7 patients on the register died from other causes.

One Tuberculosis Visitor continued to be responsible for visiting all cases of Tuberculosis and she worked in very close co-operation with the Consultant Chest Physician's staff. Intensive follow-up and tracing contacts is undertaken, including contacts at home, at the place of work, and at school. When necessary, arrangements are made with the Mass Miniature Radiography Unit for contacts to be X-rayed.

Immigrants were offered Heaf tests and, where necessary, B.C.G. Vaccination. If not already X-rayed on entry to the country, an X-ray of the chest was offered if Heaf test was refused. All immigrants were given information on the use of the National Health Service and were encouraged to register with a general practitioner. In addition, all babies born to Asian families were offered B.C.G. at the age of six weeks.

During the year 212 immigrants gave their destination as Dudley but it was not possible to trace 37 of these (in 6 instances it was found that the place of residence was not in the Dudley area). In addition, 12 immigrants were discovered who had not given Dudley as their place of residence on entering the country.

The following table gives further details :

JANUARY — DECEMBER, 1969

Advice Notes received	212
Number traced	175
Heaf Test accepted	80
B.C.G. given	34
Number X-rayed in Dudley	39
Number already X-rayed on entry	19
Number Pregnant	5
Student Nurses in Hospital (given X-rays at the hospital)	5
Number who did not attend for X-ray or Heaf Tests	20
Number refused any check up	2
Asian babies given B.C.G. vaccination	121
West Indian babies given B.C.G. vaccination	36

VENEREAL DISEASE

The figures showing the incidence of venereal disease for the last three years are set out below :

	1967	1968	1969
Syphilis	6	5	16
Gonorrhoea	34	48	67
Non-Venereal and undiagnosed conditions	120	167	199

The Hospital Management Committee are responsible for the provision of treatment facilities and the Treatment Centre is situated at Dudley Guest Hospital under the direction of Dr. C. R. Mayou.

The Local Authority and staff at the Treatment Centre work in close co-operation in following up patients who fail to keep appointments for treatment. Health Visitors on the Local Authority staff follow-up defaulting female patients and male patients are dealt with by a former member of the Treatment Centre staff, who is paid for this work by the Local Authority.

The Department of Health in 1968, stressed the importance of contact tracing in the control of venereal disease, and asked that Hospital Authorities and Local Health Authorities should co-operate in this matter. During the year discussions continued between representatives of the West Midland County Boroughs and of the Birmingham Regional Hospital Board, with a view to making such arrangements. The position is complicated by the fact that the County Borough boundaries are not all self contained with regard to venereal disease treatment facilities. It is, however, hoped to establish a satisfactory arrangement for contact tracing in the near future.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

Ante Natal Clinics

Ante Natal clinics staffed by Midwives were held at 8 centres. In addition Miss J. Nagle continued to hold a clinic at Bayer Hall.

Attendances were as follows:

		1968	1969
Number of expectant mothers	..	1099	814
Number of attendances	.. ..	5047	3587
Number of clinic sessions	.. ..	448	448

Mothercraft and Relaxation Classes

Classes were held at 9 clinics as shown below:

Number of expectant mothers attending

		1968	1969
(a) Institutional Booked	.. ..	694	692
(b) Domiciliary Booked	.. ..	378	201
Total number attendances	..	3919	3763

Chest X-rays

Appointments were made for 64 women to attend for chest X-ray but out of these 11 failed to attend. No tuberculosis was discovered.

Maternity Packs

All mothers booked for home confinements continued to be supplied with a maternity pack. Those mothers who were delivered in hospital but discharged home early to the care of the domiciliary midwife were issued with a smaller standard pack. Maternity packs are carried in all ambulances for use in an emergency.

Infant Welfare Clinics

There are fifteen infant welfare clinics of which nine are purpose built. Welfare foods are sold at all the clinics.

Attendances during the year were as follows:

		Total Attendances
Children born in 1969	.. ..	22,797
Children born in 1968	.. ..	21,544
Children born in 1964-67	.. ..	8,930
		53,271

1,335 infant welfare sessions were held during the year and the total number of children up to the age of five years attending was 10,139.

Family Planning Clinic

The West Midland Branch of the Family Planning Association continued to provide advice and treatment at Central, Holly Hall and Ladies Walk Clinics. The Local Authority have made clinic premises available free of charge for this service since 1959.

In 1967 the National Health Service (Family Planning) Act gave Local Authorities the power to provide contraceptive substances and appliances. The Council agreed that the Family Planning Association be authorised to act as their Agents in the provision of family planning facilities for all persons over the age of sixteen, but because of financial restrictions it has not been possible to make an adequate grant to the Family Planning Association to enable them to extend their service.

Nurseries and Childminders

The following table shows the number of premises and persons registered at the end of the year compared with previous years:

		1967	1968	1969
Day Nurseries (Voluntary)	..	3	4	4
Child Minders	.. ..	—	5	25
Playgroups	.. ..	8	17	25

Seventeen further applications were received for registration but were not pursued for various reasons, often after a great deal of time and help in planning had been given by the Principal Nursing Officer. One application on a residential estate was refused planning permission.

During the year almost all the Playgroup Leaders and their helpers and those running day centres spent a period of instruction and observation at Pensnett Nursery School.

It is unfortunate that the nearest Technical College dealing with nursery training is at Bilston which is rather inaccessible from Dudley. However, a number of Playgroup Leaders attended evening courses there as well as lectures arranged by the Pre-School Playgroups Association.

Care of Unmarried Mothers

The responsibility for arranging care of unmarried mothers continued to be shared by the Worcester Diocesan Association for Family and Social Service and the Lichfield Diocesan Association for Moral Welfare, the Local Authority making financial grants to both organisations.

Unmarried mothers are accommodated in hostels outside the County Borough and the Local Authority assists financially with maintenance when this is necessary. During the year 49 Dudley cases were dealt with by Worcester Association and 33 by Lichfield Association, compared with a total of 84 in 1968.

At the end of the year arrangements had been made to merge the two Diocesan Associations into The Churches Family and Social Service for the County Borough of Dudley and for a full-time Case Worker to be appointed to undertake case work in the County Borough.

Dental Care

Expectant mothers, nursing mothers with babies under one year old and children under five years of age are eligible for dental examination and treatment at the clinic. Because of a lack of staff and poor response to the invitation for mothers to bring their three year old children to the clinic for dental examination and advice, this service was discontinued last year.

A Dental Auxiliary gave talks to expectant mothers at the Clinic and pamphlets on diet and oral hygiene were distributed. Dental Health Education was also carried out by the Nursing Staff of the Department and posters displayed in all the Clinics.

A. Attendance and Treatment

	Children under 5 years	Expectant and Nursing Mothers
Number of visits for treatment during the year:		
First Visits	238	67
Subsequent Visits	181	172
	—	—
Total Visits	419	239
	—	—
Number of Additional Courses of Treatment other than the first course commenced during the year	8	8
Treatment provided during the year:		
Number of Fillings	254	193
Teeth Filled	217	176
Teeth Extracted	432	144
General Anaesthetics given	199	15
Emergency Visits by Patients	78	15
Patients X-rayed	—	6
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	15	44
Teeth otherwise conserved	38	—
Teeth root filled		2
Inlays		—
Crowns		—
Number of Courses of Treatment completed during the year	235	59

B. Prosthetics

Patients supplied with Full Upper or Full Lower (First time)	4
Patients supplied with other dentures	5
Number of dentures supplied	13

C. Anaesthetics

General Anaesthetics administered by Dental Officers	1
---	---

D. Inspections

	Children 0-4 inclusive	Expectant and Nursing Mothers
Number of patients given first inspections during year	370	77
Number of patients who required treatment	284	75
Number of patients who were offered treatment	275	75

E. Sessions

Number of Dental Officer Sessions (i.e. equivalent
complete half days) devoted to Maternity and
Child Welfare patients:

For Treatment	87
For Health Education	2

Ophthalmic Clinic

Errors of Refraction including Squint	141
External and Other	10
	151
Spectacles prescribed	30

Orthopaedic

Massage :

Total number treated	110
Total number of treatments	426

Orthopaedic :

Seen by Surgeon	292
New Cases	66
Total Attendances	305

Ear, Nose and Throat

Number seen by E.N.T. Consultant	5
Number referred for operation	—

NURSING SERVICES

During the year the full complement of Nursing Administrative Staff was maintained. This consisted of a Principal Nursing Officer and three Superintendents in charge of the day to day running of the Health Visiting, District Nursing and Midwifery Services.

In Circular 13/69, the Department of Health invited the attention of the Council to a report of a study undertaken by the Social Science Research Unit on the Staff Implications of General Practice Attachment of Health Visitors and Home Nurses. In Dudley the policy of attaching Nursing Staff was started in November 1965 but had only developed slowly so that at the present time there were only four Health Visitors and two Home Nurses attached to General Practitioners. By the end of the year discussions were being held with a number of General Practitioners and it was hoped that all Health Visitors and District Nurses would be attached by the Autumn of 1970.

During the year a Midwife retired after giving forty years' service in one area of the Borough and a Health Visitor also retired after being employed in the Department for twenty-one years. Two District Nurses with twenty years and fourteen years' service respectively unfortunately had to retire on grounds of health.

MIDWIFERY

Of the 59 Midwives practising within the Borough at the end of the year, 26 were employed by Dudley Council and 30 by the Dudley, Stourbridge and District Hospital Management Committee. The increase in numbers was mainly due to the opening of the new Consultant Obstetric Unit at Wordsley Hospital. There was a sporadic shortage of Domiciliary Midwives but recruitment remained at a reasonable level for most of the year.

Part-time Midwives continued in a supporting role and assisted in nursing the increasing number of patients discharged from Maternity Units early in the puerperium.

The use of the pocket radio telephones was found to be of great assistance, particularly during the periods of low staffing.

Midwives' time previously spent on sterilising equipment was further reduced by the complete change-over, apart from small instruments, to completely disposable apparatus.

Deliveries Conducted by Domiciliary Midwives

The total number was 694 compared with 843 in 1968. This was only partly the result of a falling birthrate, the main reason being the increasing number of institutional confinements.

Out of the total number of 694 deliveries a Doctor was present at 55 births and visited 266 women during labour, so that Midwives took total responsibility for over half the confinements.

84 mothers who were originally booked for home confinement were admitted to hospital for the following reasons:

Foetal distress..	..	..	..	..	..	8
Premature labour	..	..	..	..	..	8
Abnormal presentation	..	..	..	..	..	4
Delay in 1st stage	..	..	..	..	..	19
Delay in 2nd stage	..	..	..	..	..	16
Retained placenta	..	..	..	..	..	9
Post partum haemorrhage	..	..	..	..	..	11
Pre eclamptic toxæmia	..	..	..	..	..	4
Anti partum haemorrhage	..	..	..	..	..	2
Miscarriage	..	..	..	..	..	2
Post maturity	..	..	..	..	..	1

Twenty-four babies were admitted to hospital.

Under the Rules of the Central Midwives Board, Midwives summoned medical aid 113 times for the mother and 41 times for the baby.

The following table shows the number of women confined in hospitals and maternity homes and the days of the puerperium on which they were discharged:

	1967	1968	% increase or decrease over 1967	1979	% increase or decrease over 1968
Up to 24 hours after delivery	34	39	14.7	56	49.9
2 days after delivery	293	304	3.7	371	22.0
3 days after delivery	279	289	3.5	435	50.5
4 days after delivery	126	140	11.0	258	84.3
5 days after delivery	239	152	(36.4)	202	32.2
6 days after delivery	526	484	(7.9)	473	(2.2)
7 days after delivery	579	626	8.1	511	(18.3)
8 days after delivery	214	212	(0.9)	120	(43.3)
9 days after delivery	78	89	14.1	69	(22.4)
10 days after delivery	48	60	25.0	40	(33.3)
	2,416	2,395		2,534	

(% decreases are shown in brackets)

Although the number of births fell, the increase in early discharge from institutions continued. The general pattern of discharge is also changing, showing increasing numbers of mothers returning home during the first five days of the puerperium. This has increased the work of the Domiciliary Midwives as it is during these earlier days that most help and support has to be given to parents in adjusting themselves to the care of the new baby and possible changes within the family pattern of living. Because in many cases a relationship has to be built up between

the attending Midwife and the parents, these visits can be much more time consuming than those paid to mothers delivered at home, where the relationship has already been established.

It is pertinent here to comment on the changing pattern of midwifery. More women are being delivered in institutions but the Domiciliary Midwife is making herself increasingly responsible for their ante natal care and education. It is important that all Midwives, if they are to give of their best, should have job satisfaction and the opportunity of maintaining their professional skills by giving total care including the delivery. For those who have chosen a career in the domiciliary field the only answer would appear to be for them to deliver their own booked cases in a Maternity Unit and continue their after care at home. This would meet the wishes and best interests of the mothers and the Midwife. Few of these Midwives would be willing to practise wholly in an institution. If this type of care cannot be arranged, the pressure on the hospital Midwives will destroy their job satisfaction also and one can foresee in the future a serious general shortage of skilled Midwives.

Obstetric Flying Squad

This service based on the Women's Hospital, Wolverhampton, and on Birmingham Maternity Hospital was summoned on three occasions, twice for post partum haemorrhage and once for a retained placenta.

Drugs and Analgesics

All Midwives are now equipped with Gas and Oxygen apparatus but Trilene is still used on occasions.

363 women received Gas and Oxygen analgesia, 116 women received Trilene, and 367 Pethilorfan injections were administered.

All Midwives carry Vandid, Oxygen sparklets and Blease resuscitators for the babies.

A little under half the women delivered at home received inhalational analgesia. The demand for this therapy appears to be falling. This may be because of the increased confidence felt by the expectant mother as a result of the dissemination of knowledge at Parentcraft and Relaxation Classes and by the mass media of television, radio and women's journals.

Training

There are four teaching Midwives on the staff. Three pupil Midwives from Birmingham completed their District Training successfully in Dudley.

Four Midwives attended Refresher Courses under Rule G.1 of the Central Midwives Board and two others attended courses on teaching Preparation for Parentcraft.

Staff attended lectures arranged within the Department as well as study days arranged in other Authorities and by branches of the Royal College of Midwives.

HEALTH VISITING

At the end of 1969 there were in post 1 Superintendent Health Visitor and the equivalent of 25.4 full-time Health Visitors. This number included 2 Group Advisors and 1 Field Work Instructor. In addition, there were 11 School Clinic Nurses, 1 part-time Immunisation Nurse and 1 Tuberculosis Visitor. One full-time Health Visitor was recruited during the year, but recruitment of students for training was disappointing. A large number of applications were received but only two of the candidates reached the required educational standard for training. Four students from the previous year successfully completed the training course and were appointed to the staff.

The employment of School Clinic Nurses continued and they relieved Health Visitors of much work which did not require special training or skills.

A team consisting of a Doctor, part-time School Nurse and a Clerk covered the majority of the Vaccination and Immunisation Sessions in the schools.

No further attachment to General Practitioners schemes were made during the year but an additional Health Visitor was added to one practice with an extra heavy case load. In two practices Health Visitors held advisory clinics for well babies. General Practitioners held surgeries in local authority clinics which may later be converted into Health Centres. The daily contact with the Health Visitors working in these clinics proved most helpful and will, it is envisaged, gradually grow to full attachment.

As Health Visitors find ready access to almost all homes where there are young children, one of their chief roles will remain within the field of the assessment of development and in screening procedures. They will often, particularly if working closely with General Practitioners, be the first to observe deterioration or difficulty in relationships or conditions within the home, and will be in a strong position to assist and advise or to refer the problem to the General Practitioner, Welfare Service or other agency.

Visits to persons over 65 years of age have increased by 503 over those made in 1968. As Health Visitors work more closely with General Practitioners, this number should again rise.

During the year 6,239 tests for the presence of phenylketonuria were made using the Phenistix method. No positive reactions were found. The development of the two children discovered to have this metabolic disorder the previous year were reported to be progressing favourably with dietary treatment.

It is intended early in 1970 to adopt the Guthrie method of testing which gives a more accurate result. All Health Visiting and Midwifery staff have been trained in this technique although most of the tests will be performed by the Midwives on the sixth day of life.

Health Visitors performed 3,043 hearing screening tests on babies 7-8 months of age. Six children failed the tests and were referred to Medical Officers for further investigation.

Among the cases given priority for visiting were those children on the observation register. These were the children who for various reasons were thought to be at special risk of developing mental or physical handicaps for a variety of reasons. The children were also seen regularly by the Medical Officers until it was certain that they were developing normally. At the end of the year 1,802 children remained on this register. 1,554 were seen by appointment by Medical Officers. When appointments were not kept a special visit to the home for the purpose of ascertainment was made by a Health Visitor.

One Health Visitor by attending the Paediatric Clinic at the Guest Hospital was able to maintain liaison between the Consultant and our own Health Visitors, and on occasions those of neighbouring authorities.

Visits made by Health Visitors during the year are given in the following table:

Children born in 1969	10,743
Children born in 1968	8,539
Children born in 1964/67	14,156
Persons 65 years and over	1,485
Mentally disordered persons	188
Hospital discharges	109
Tuberculosis and other infectious disease households	80
Other cases	894

In addition, 497 visits to Tuberculous households were made by the Tuberculosis Visitor.

One Health Visitor attended a course of 6 weeks duration enabling her to become a Field Work Instructor. Her services are used in connection with the Birmingham Health Visitor Training Centre.

Four Health Visitors and 1 School Clinic Nurse attended Refresher Courses and 6 Health Visitors attended an in-service training course arranged by a neighbouring local authority.

In common with other nursing staff they have attended Post Registration lectures arranged by the Regional Hospital Board.

HOME NURSING SERVICE

During the year recruitment to the Service was good and a full complement of staff was maintained for all but short periods.

At the end of the year there were in post 1 Superintendent, 25 full-time, 5 part-time Nurses and 6 part-time Nursing Auxiliaries.

The staff continued to work in three groups in areas surrounding the Central, Brierley Hill and Ladies Walk Clinics. Difficulties arose at Ladies Walk and Brierley Hill Clinics because accommodation for the nurses had to be shared, and the extensions to Bull Street and the building of the new Brierley Hill Health Centre are eagerly awaited as in each there will be a room allocated for the District Nursing Service.

Nursing Auxiliaries attended 210 patients entailing 6,904 visits, an increase of 1,415 visits over the 1968 figure. The quality of work displayed by these mainly unqualified women is very high and seems to satisfy a need to nurse, which many of them have felt for years, but who for various reasons have not been able to undertake Nurse training.

The statistical forms completed monthly by the District Nurses were changed in 1969 in an effort to analyse their work in more detail. These have shown that, as suspected, there is a much larger amount of social work being performed than was previously known. The type and number of patients and the visits entailed are shown in the following table:

			1968		1969	
			<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Medical cases	..	..	1,480	54,356	1,787	64,101
Surgical cases	..	..	444	11,903	439	11,213
Tuberculosis cases	..		18	972	11	690
Maternal complications			38	394	52	541
Other cases	..	..	—	—	2	85
			1,980	67,625	2,291	76,630

1,299 cases were aged 65 years or over and required 51,239 visits, or 67 per cent of all visits.

The special training given to the Home Nurses has made them much more aware of the ways in which to deal with social problems arising in the course of their work. During the year 1,909 referrals to other agencies were made including the Home Help Service, Welfare Officers, Meals on Wheels Service, Chiropody Service, Health Visitors, Gas Board, and the Midlands Electricity Board.

It is disappointing to record that the number of surgical patients nursed at home has decreased and this at a time when the standards and equipment of the home nursing service have improved. There must be many patients in hospitals who, with supporting community services, would be much happier at home and they could be adequately looked after at a fraction of the present cost of keeping them in hospital.

The demand for an incontinent pad service, mainly by the elderly, is ever increasing. The number of articles issued is shown below:

		1967	1968	1969
Incontinent pads..	..	5,694	36,184	43,548
Waterproof pants	..	62	48	125
Disposable liners	..	5,240	12,155	17,503
Nappie rolls	.. ..	120	120	570

The steep rise in 1968 was due to the cessation of the laundry service, which was found to be of limited value, but the numbers increased still further in 1969.

The added expenditure on these articles should be thought of in terms of improvement in the quality of life of those who are incontinent, particularly the ambulant elderly and handicapped, and also the relief afforded to relatives who formerly had to cope with laundry problems.

Four nurses were recruited to the panel of nurses available for the Marie Curie Nursing Service which arranges nursing care for terminal cases of cancer. Three patients, involving 64 visits, were helped during the year.

Unfortunately it has not been possible to develop a night sitting service for patients who are not suffering from cancer. This valuable adjunct to the District Nursing Service would give relatives looking after patients in their own homes a much needed period of rest.

Six Nurses attended the West Midlands District Nurse Training Course and all were successful in obtaining their National Certificate. Three Nursing Auxiliaries also attended a course of training.

The Course Tutor and the Superintendents of District Nursing in the Five County Boroughs continued to have monthly meetings where items of mutual interest were discussed. A great deal of time was given to discussing the part the Local Authority will play in the implementation of the General Nursing Council 1969 syllabus of training for State Registered Nurses.

Thirty Student Nurses from the Guest Hospital spent a day with a District Nurse during the third year of training to gain some insight into the community services. It is hoped that, having seen the high potentialities of this type of nursing, these nurses when holding more senior posts in hospital, will make the proposed integration of the hospital and community nursing services easier. To this end the Principal Nursing Officer and Superintendent District Nurse met the Matron and a number of Ward Sisters at the Guest Hospital. Since then there has been more exchange of information between the Ward Sisters and the District Nurses.

Three Nurses attended Refresher Courses run by the Queens Institute of District Nursing and several members of staff attended post registration lectures arranged at the Royal Hospital, Wolverhampton, under the Birmingham Regional Hospital Board's scheme.

VACCINATION AND IMMUNISATION

The Schedule of Immunisation recommended by the Joint Committee on Vaccination and Immunisation and which was adopted late in 1968 was used throughout 1969 and is as follows:

Age 3 months	—	First triple, first polio
Age 4½ months	—	Second triple, second polio
Age 9 to 10 months	—	Third triple, third polio
Age 12 months	—	Measles
Age 15 months	—	Smallpox
Age 5 years	—	Diph/Tet. booster, polio booster and Smallpox revaccination
Age 12 years	—	B.C.G. Vaccination
Age 15 years or on leaving School	—	Tetanus booster, polio booster and Smallpox revaccination.

The Scheme for vaccination and immunisation by appointment at Clinics, introduced during 1967, has continued with very satisfactory results. An analysis of the immunisation state of all children born in 1967 who were living in the County Borough at the end of 1969 shows that 83% (83%) had been protected against Diphtheria, 81% (81%) against Whooping Cough, and 82% (80%) against Poliomyelitis. In addition 82% had been protected against Tetanus. 49% (31%) of children under 2 years of age had been protected against Smallpox. The National figures, where available, are shown in brackets.

Measles

The Scheme for vaccination against Measles received a set-back in March 1969 when vaccine produced by one Manufacturer had to be withdrawn. The absence of vaccine, and the publicity given to circumstances leading to its withdrawal, had an adverse effect on public response for some time but by the end of the year children were again being brought forward for vaccination. During 1969 a total of 3,136 children of all ages received protection against Measles.

Details of all vaccinations and immunisations carried out during the year are given in the following tables:

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969

Table 1 — Completed Primary Courses

Type of vaccine or Dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	425	2,052	104	18	18	1	2,618
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	14	60	13	2	411	450	950
5. Diphtheria	—	—	—	—	1	3	4
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	1	2	6	9
8. Poliomyelitis Sabin	420	2,148	152	26	475	711	3,932
9. Measles	—	588	503	756	1,066	223	3,136
SUMMARY:							
Immunised against:							
Diphtheria	439	2,112	117	20	430	454	3,572
Whooping Cough	425	2,052	104	18	18	1	2,618
Tetanus	439	2,112	117	21	431	457	3,577
Poliomyelitis	420	2,148	152	26	475	711	3,932
Measles	—	588	503	756	1,066	223	3,136

Table 2 — Reinforcing Doses

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	24	1,007	60	107	10	1,208
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	5	92	11	2,846	937	3,891
5. Diphtheria	—	—	—	—	20	6	26
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	1	1	16	59	609
8. Poliomyelitis Sabin	—	19	1,103	89	3,017	1,540	5,768
9. Measles	—	—	—	—	—	—	—
SUMMARY:							
Immunised Against:							
Diphtheria	—	29	1,099	71	2,973	953	5,125
Whooping Cough	—	24	1,007	60	107	10	1,208
Tetanus	—	30	1,100	72	2,969	1,537	5,708
Poliomyelitis	—	19	1,103	89	3,017	1,540	5,768

SMALLPOX VACCINATION — Persons under age 16

	<i>Age at Date of Vaccination</i>							
	<i>0-3 months</i>	<i>3-6 months</i>	<i>6-9 months</i>	<i>9-12 months</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-15 years</i>	<i>Total</i>
Number Vaccinated	8	1	—	11	1,746	511	107	2,384
Number Re-vaccinated	—	—	—	—	—	13	2,272	2,285

AMBULANCE SERVICE

The Ambulance Service during 1969 continued to show the usual trend of expansion notably in respect of routine treatment cases.

Training still proved to be difficult because of pressure of work but this training was completed under the direction of the Ambulance Training Officer.

In May 1969 a team from Dudley was entered in the Regional Ambulance Competition and were judged the overall winners. The team then went forward to the National Competition and came a joint seventh.

The Assistant Ambulance Officer attended a 5 day course on "Ambulance Service in War-time." All staff have now completed the two weeks' course at the two local Casualty Departments, and it has proved extremely helpful.

TABLE I

<i>Establishment</i>						<i>Authorised</i>	<i>Actual</i>
Assistant Ambulance Officer	..	..	..	..	..	1	1
Ambulance Control Officer	..	..	..	..	..	1	1
Station Officers	..	..	..	..	..	4	4
Shift Leaders	..	..	..	..	..	8	8
Leading Drivers	..	..	..	..	..	8	8
Ambulance Drivers	..	..	..	..	..	38	33
Sitting Car Drivers..	..	..	..	..	..	3	3
Total	..	..	..	..	..	62	58

TABLE II

<i>Vehicles</i>								
Ambulances	..	..	..	..	..	..	..	8
Dual Purpose	..	..	..	..	..	..	..	11
Tail Lift	..	..	..	..	..	..	..	1
Staff Car	..	..	..	..	..	..	..	1

During the year no resignations were received but one man retired on reaching the age of sixty-five years, and one man was recruited.

In the period under review, 46 lectures, talks and demonstrations were given to various Organisations in the Borough.

TABLE III

Year ending	Usage of Ambulances since 1967				Number of patients carried per 1,000 pop.
	Mileage		Patients Conveyed		
	Ambulances	Sitting Cars	Ambulances	Sitting Cars	
Dec. 1967	91,983	230,625	12,862	55,942	322
1968	93,470	228,030	13,402	56,430	343
1969	91,612	225,853	14,621	56,573	392

The above includes 1,081 ambulance cases involving 7,199 miles and 3,018 sitting car cases involving 25,667 miles conveyed on behalf of neighbouring Authorities.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The development of a full Health Education Service has again been handicapped by the lack of a full-time Health Education Officer. At present the Superintendent Health Visitor devotes as much time as she is able to this important work.

Health Visitors and Midwives have continued to work together at the "Preparation for Parenthood" classes held at nine Centres in the Borough. Regular Health Education classes were held in nine secondary schools. Occasional sessions devoted to special subjects have been given in two Grammar Schools.

A 16 m.m. film "Learning to Live" was purchased by the Department and has been widely used in the schools. It is suitable for children of thirteen years and upwards and explains simply and clearly, physical and emotional growth, conception and the responsibilities of family life. This film has also been received with interest at Parent Teachers meetings.

Talks connected with Health Education have been given to a number of other groups including a Youth Club for the Deaf and Dumb and meetings for the elderly.

Chiropody Service

The service is under the day to day administration of the Chief Chiropodist. The establishment provides for four full-time Chiropodists. The staff at the end of 1969 consisted of two full-time and seven sessional Chiropodists.

The service was centred at ten of the fifteen clinics in the County Borough. The demand for the service continues to grow. At the moment the service is confined to old people, expectant mothers, and the physically handicapped.

Treatment is given at the clinics for people able to travel on public transport. In certain cases Ambulance transport is provided. Patients who are completely housebound receive domiciliary visits by the Chiropodist. Regular visits are made to the Old People's Homes by the chiropody staff and it is hoped that these visits will be increased as more staff are recruited.

Voluntary organisations providing chiropody for the elderly, employing part-time Chiropodists, are given financial assistance by the Local Authority through the Welfare Committee.

Details of work carried out are given below:

	1968	1969
Number of attendances at clinics:		
Old People	8621	9176
Number of Domiciliary Visits	1157	1270
Number of treatments given in Old People's Homes	744	410

Population Screening for Cancer of the Cervix

Arrangements were made in co-operation with the Consultant Pathologist at the Guest Hospital for this service to be commenced in Dudley from January 1967. This provided generally for women between the ages of 25 and 65, and sessions were held at six clinics.

Women requesting the service are asked to complete a form of application which is registered in the Department and appointments are made for them to attend the clinic of their choice. Forms are available from the Health and Welfare Department and from the clinics.

Figures relating to this service are given below :

	1968	1969
Number of clinics held	81	79
Number of women who attended.. ..	1422	1281
Results of tests :		
Normal cells	1264	1165
Suspicious	12	9
Positive.. .. .	6	4
Specimens unsatisfactory	9	1
Other	131	102

Recuperative Holidays

The demand for this service has decreased over the years. During 1969 only five patients were sent on a recuperative holiday as a result of recommendations from general practitioners.

Home Help Service

At the end of the year the Home Help Service employed 176 part-time Helps, which was the equivalent of 88 full-time staff.

The case load has risen steadily over the years and the following table gives details of the increase in the last three years:

	1967	1968	1969
Cases over 65 years of age..	818	878	1084
Mentally disordered	6	4	3
Chronic sick	49	92	31
Maternity	45	45	22
Others	46	63	28
	964	1082	1168

HOUSING ON MEDICAL GROUNDS

A total of 943 cases were investigated during the year: in 128 of these additional housing points were recommended on medical grounds. In 394 cases exchange of Council accommodation on medical grounds was recommended and in 49 cases immediate priority for rehousing was recommended.

Officers from the Housing Department and the Health and Welfare Department continued their weekly meetings to discuss difficult housing problems.

MEDICAL EXAMINATIONS

The screening procedure using a medical questionnaire for candidates being admitted to either the superannuation scheme or the sick pay schemes continued to be used. This avoided the need to examine all new employees and medical examinations were only arranged for those with a history of ill health.

During the year 844 Statements of Medical History were completed by candidates and of these 69 were referred for full medical examination. Out of this number 57 candidates were found to be medically satisfactory for employment.

REPORT OF THE CHIEF VETERINARY OFFICER

The loss in pig numbers from the Foot and Mouth disease outbreak of 1968 has been made good and with an increase in the financial returns to farmers an increase in the pig herd has followed. This has resulted in a rise in the number of pigs killed from 173,541 to 210,138, an increase of 36,597.

Products were exported on a record scale and went to Australia, Belgium, Cyprus, Germany, Gibraltar, Hongkong, Isle of Man, Libya, Sierra Leone, and Singapore, and consisted of:

20,118 Smoked sides of Bacon	19,600 Sides of Pork
5,666 Smoked Bacon Middles	8,833 Sow Sides
2,618 Smoked collars	123,544 Pork Shoulders
1,400 Smoked Gammons	24,534 Gammons
3,346 Cases pies and sausage	246 Sow legs
85 Cases Bacon	218 Sow loins
44 York Hams	682 Sow spare ribs
1,174 Livers	

Veterinary certificates were given to farmers who had requested the examination of the lungs of their pigs. The lungs examined totalled 4,169 which was 441 less than in 1968.

Two hundred and fifty-seven pigs died in transit and 77 in the lairage compared with 145 and 65 the previous year. This increase can be accounted for by the increase in the pig supply and the hot weather during the summer.

The weight of meat rejected amounted to 248 tons, 12 cwts., 3 qtrs., and 5 lbs. The causes for rejection were as follows:

<i>Disease</i>	<i>Car- cases</i>	<i>Heads</i>	<i>Lungs</i>	<i>Hearts</i>	<i>Livers</i>	<i>Stom- achs</i>	<i>Spleens</i>	<i>Kidneys</i>	<i>In- testines</i>	<i>Other Parts</i>	<i>Total</i>	<i>% of kill</i>
Abscess	2	129							73	85 f/qr 145 h/qr	129	0.06
Atrophy										2 h/qr	2	0.0005
Arthritis	187	187	187	187	187	187	187	374	187	10 f/qr 10 f/qr		
Bruising	6	6	6	6	6	6	6	12	6	766 h/qr	570	0.27
Carcinoma	1	1	1	1	1	1	1	2	1	347 h/qr	180	0.085
Castration Infection	2	2	2	2	2	2	2	4	1		1	0.0005
Cirrhosis											2	0.001
Congestion		4,029	53	53	7,758				7,758		7,758	3.69
Contamination	44	175	335	335	335				4,029	40 f/qr 109 h/qr	335	1.92
												0.16
Emaciation	11	11	11	11	11	11	11	22	11		11	0.0052
Emphysema									3		3	0.0016
Empyema			13	13	13					23 f/qr	13	0.006
Endocarditis				1							1	0.0005
Enteritis	5	5	5	5	5	5	5	10	786		786	0.37
Fatty Infiltration					366						366	0.16
Fractures	7	7	7	7	7	7	7	14	7	7 h/qr	7	0.003
Gangrene	3	3	15	15	15	3	3	6	3		7	0.003
Hydatids											15	0.007
Hydronephrosis								10,057			10,057	2.39
Jaundice	12	12	12	12	12	12	12	24	12		12	0.006

PIGS—continued

Disease	Car- cases	Heads	Lungs	Hearts	Livers	Stom- achs	Spleens	Kidneys	In- testines	Other Parts	Total	% of kill
Lympho-sarcoma	7	7	7	7	7	7	7	14	7		7	0·003
Metritis ..	2	2	2	2	2	2	2	4	2		2	0·001
Nephritis ..	26	26	26	26	26	26	26	52	26		26	0·012
Odour ..	1	1	1	1	1	1	1	2	1		1	0·0005
Oedema ..	3	3	3	3	3	3	3	6	3	1 f/qr	3	0·0015
Pericarditis ..	21	21	21	7,403	21	21	21	42	21		7,403	3·52
Peritonitis ..	117	117	117	117	7,299	5,653	5,653	234	5,653		7,299	3·47
Pleurisy ..	503	503	18,021	503	503	503	503	1,006	503		18,021	8·57
Pyæmia ..	389	389	389	389	389	389	389	778	389		389	0·185
Pyelonephritis ..	7	7	7	7	7	7	7	14	7		7	0·003
Septicaemia ..	40	40	40	40	40	40	40	80	40		40	0·019
Swine Erysipelas ..	32	38	39	39	39	32	32	64	32		39	0·018
Swine Paratyphiod ..	2	2	2	2	2	2	2	4	2		2	0·001
Telangiectasis ..	1	1	1	1	1	1	1	2	1		1	0·0005
Toxaemia ..	2	3,889	62	62	62	2	2	6	3,086		1	0·0005
Tuberculosis ..	1	1	1	1	1	1	1	2	1		3,889	1·85
Uraemia ..											1	0·0005
Total ..	1,434	5,586	23,362	9,251	17,175	6,924	6,924	12,807	10,922	258 f/qr 1376 h/qr		
Percentage ..	0·68	2·66	11·12	4·40	8·17	3·29	3·29	3·04	5·19	0·06 0·33		

WELFARE SERVICES

The implementation of the National Assistance Act in 1948 was a major contribution to social policy and was a great step forward in the provision of social services. In reviewing our own social services twenty years later it can be seen that the new ideas and policies of 1948 gave rise to well founded and successful services which are still developing to-day. With the changing needs of the service other policies have had to be modified or abandoned as outdated and must now be replaced by more modern concepts.

It is interesting to reflect when reviewing the work of the Department for 1969 that it was in this year that the Welfare Committee decided to close one of the small old people's homes and, at the same time, our newest home was very near completion. Both homes provided for the needs of the elderly but they are the antithesis of each other and clearly demonstrate the change of ideas between 1948 and 1969.

The small home, Lupin House, was one of the four such homes built to cater for the needs of 10 residents. They consisted of two semi-detached council houses made into one with some adaptations to enable them to be used by the elderly. Each of these small homes was situated in the centre of a large housing estate in order that by so placing them, the residents would be kept within the community. They created considerable interest at the time and many Local Authorities visited them to see if they could adopt the same principle for use in their own provision of residential accommodation.

It must be borne in mind, however, that the only criterion for admission to these homes when they just opened was that the residents should be over the age of 65. While the residents were in this age bracket and relatively physically and mentally fit these small homes functioned quite well, but by the time the residents were 75 years of age or more and really moving into old age, the deficiencies of this type of accommodation were becoming apparent.

Apart from the disadvantages for the residents, these homes offered restricted standards of accommodation for the residential staff and the combination of these circumstances, together with the fact that the type of residents admitted in the early years would no longer be regarded as needing residential accommodation, led to the decision to close Lupin House and to review the situation of the other small homes as the opportunity presented itself.

The old people applying for admission to our homes in 1969 were very different from those of 1948 and the early 50's. They were in a higher age bracket and consequently much more frail and feeble physically and mentally. It is generally accepted that the elderly should be kept in the community but when this is no longer possible the residential care and accommodation offered to them must be suited to their individual needs.

Staff must have the necessary skills to guide the elderly, and their families, to the best solution of their difficulty. Old people have much the same needs as other groups in the community. They need a family or its equivalent, freedom from financial worries, housing satisfactory not only with regard to architecture and facilities, but with nearby amenities related to their interests, their families and their friends. They also need interests related to their age and condition, suitable diet, companionship, and warmth.

The new home at Coseley nearing completion at the end of 1969 was designed with these ideas in mind. It is sited as close to as many amenities as possible. It is divided into small "family units" yet offers the opportunity for privacy for those who want it.

It will remain, of course, the prime duty of the Department to maintain the elderly in their homes and communities as far as possible. This form of help is perhaps the most expensive of all but it is self-evident that the old, like everyone else, flourish best in their natural environment.

The demand for residential care will continue to increase. I touched on the matter of the increase in the elderly population in last year's report and the trend mentioned then has continued as expected. The number of people requiring residential care will also increase because of advances in medical science. Many old people who only a few years ago would have been permanent hospital patients, are responding to modern medical treatment and are able to leave hospital to return, not perhaps to a fully independent life in their own homes, but to the old people's homes and warden housing schemes, where the degree of dependence they need will be provided. The modern old people's home is prepared, designed, and equipped to take such cases.

The following table shows the admissions, discharges, deaths and number of residents in the old people's homes at the 31st December, 1969:

<i>Home</i>	<i>No. of Residents 1.1.1969</i>	<i>Ad- missions</i>	<i>Dis- charges</i>	<i>Deaths</i>	<i>No. of Residents 31.12.1969</i>
New Bradley Hall ..	49	36	21	14	49
Dibdale	47	52	42	17	39
Lawnwood House	41	31	22	18	33
The Woodlands ..	23	25	23	1	23
Albert House ..	21	13	11	3	22
Primrose House ..	9	12	11	1	10
Rose Cottage ..	10	11	9	2	9
Lupin House ..	10	4	14	—	—
Broadfield House ..	—	21	7	—	14
Roseland House ..	10	8	8	—	10
Kelvedon, Wednesbury ..	1	—	—	—	1
Silver Trees, Tipton	3	—	—	—	3
Ivy House, Cannock	3	—	1	1	1
The Limes, Aldridge	1	—	—	—	1
The Viewlands, Wightwick ..	1	—	—	—	1
Summerhill Grange	9	—	1	—	8
Claremont, Wolverhampton ..	2	—	—	—	2
West Midland Cheshire Home ..	6	1	1	—	6
Embankment Fellow- ship, London ..	1	—	—	—	1
Chalfont Colony, Bucks.	1	—	—	—	1
Woodlarks Work- shop, Farnham ..	1	—	—	—	1
Royal School for the Blind, Leatherhead	1	—	—	—	1
Methodist Home, Wolverhampton ..	1	—	1	—	—
Malvern Deaf Home	2	—	—	1	1
Beecholme, Felix- stowe	1	—	—	1	—
Fen Place, Sussex	1	—	—	—	1
British Polio Fellow- ship, Surrey ..	1	—	—	—	1
Total	256	214	172	59	239

Community Services

Luncheon Clubs and Meals-on-Wheels Service

The number of meals provided in the luncheon clubs and meals-on-wheels service increased. The luncheon clubs instituted in 1968 as an addition to the original meals-on-wheels service are working very well. This service will have to be extended, perhaps next year, but in the meantime the facilities of the Department and of the Women's Royal Voluntary Service are fully stretched.

Here I wish to convey to the County Borough Organiser and the members of the Women's Royal Voluntary Service our very grateful thanks for their help with this service. They have continued their help throughout the year, even in the most difficult conditions of snow and ice, when special vehicles have had to be hired to make the delivery because the ordinary vans could not get through. I also wish to thank Messrs. Ewarts and Messrs. Desmo, whose canteen staffs have greatly helped by providing a number of meals.

Once elderly people can be persuaded to use the facilities of the luncheon clubs, they have been led to take a much more active part in the community life by joining and participating in the activities of the social clubs for the elderly, whose meetings follow on the luncheon club meeting.

During the year 49,000 meals were served in the combined luncheon club and meals-on-wheels service.

CARE OF THE PHYSICALLY HANDICAPPED

The Welfare Committee and the Department have continued to provide facilities for the physically handicapped at the sheltered workshops, the handicrafts centre, the social clubs and other amenities in conjunction with the voluntary organisations. In addition, a considerable amount of money has been spent in providing remedial aids for the physically handicapped and in making adaptations to their homes to enable them as far as possible to overcome their disabilities.

At the end of the year the number of persons on the physically handicapped registers compared with the previous year was as follows:—

	<i>Blind</i>	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Hard of Hearing</i>	<i>General Classes</i>	<i>Total</i>
1969	307	49	133	241	753	1,483
1968	295	41	127	201	627	1,291
Increase	12	8	6	40	126	192

The number of registrations has increased in all classes. Of the cases referred to the Department under its responsibility for the physically handicapped the age analysis during the year in question was as follows:

<i>Register at 31st Dec., 1969</i>	<i>Under 16 years</i>	<i>16-64 years</i>	<i>65 and over</i>	<i>Total</i>
Male	8	197	145	350
Female	9	212	182	403
Total	17	409	327	753

The general classification of these cases within the definitions laid down by the Department of Health and Social Security was as follows:

<i>Major Handicaps</i>	<i>Age</i>					
	<i>Under 16 (1)</i>	<i>16-29 (2)</i>	<i>30-49 (3)</i>	<i>50-64 (4)</i>	<i>65 or over (5)</i>	<i>Total (6)</i>
1. Amputation	—	1	8	11	39	59
2. Arthritis or rheumatism ..	—	4	8	43	121	176
3. Congenital malformations or deformities	6	12	9	12	5	44
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	4	22	47	59	132
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	4	8	10	27	35	84
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	4	20	40	58	53	175
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6.	3	12	13	15	7	50
8. Tuberculosis (Respiratory)	—	1	6	3	2	12
9. Tuberculosis (Non-Respiratory)	—	2	7	1	2	12
10. Diseases and injuries not specified above	—	1	2	2	4	9
11. Total	17	65	125	219	327	753

I have reported previously on the particular difficulties at the handicraft centres, which provide care and rehabilitation for the physically handicapped because they are located in inadequate premises. Loan sanction has, however, been obtained this year for a new purpose-built handicraft centre to be built at Queens Cross, Dudley. It is hoped to make a start on this in April 1970. In addition to providing an occupational centre for the physically handicapped, the building will also contain a social centre, where the many clubs dealing with the handicapped can meet in the evenings. At the present time these clubs meet in rented premises in many parts of the Borough but this centre will provide all the amenities, industrial and social, which the physically handicapped of all ages may need.

Holidays have been arranged during the year for the blind, the deaf and for the general classes of the physically handicapped. All of these were extremely successful and a good deal of credit must go to the members of staff who organise and carry out these holidays, which give so much pleasure to those participating.

The Deaf

In last year's report I mentioned that there was an increasing number of deaf people on the register and this trend continued in 1969. This is without doubt due to the Department having provided casework services for the deaf directly rather than through an agency. With a trained Welfare Officer for the Deaf working full-time in the Borough, the services are much more accessible. The deaf have come to realise this and are participating to the full in all the available facilities of the Department.

The arrangement made with New Cross Hospital for the provision of simple repairs, batteries, and spare parts here in the Department is still working very successfully. This service means that the elderly deaf do not have to make a fairly expensive and tedious bus journey to Wolverhampton. The table below gives an analysis of the case load of deaf persons in age groups.

<i>Register at 31st Dec., 1969</i>	<i>Children under 16</i>		<i>Persons aged 16-64</i>		<i>Persons aged 65 and over</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Deaf persons with speech	11	8	23	22	5	5	74
Deaf persons without speech	4	2	18	24	54	7	59
Hard of hearing ..	3	5	31	41	69	92	241
Total	18	15	72	87	78	104	374

The Blind

From the time social work services for the blind were integrated into the general services of the Department, the officers concerned have continued to extend their work. The blind workshops and the sheltered workshops at Sedgley, which are run by this Authority, the County Borough of Wolverhampton, and the Institute for the Blind, have continued to function. It has been mentioned before that the continuing changes in industrial methods and the introduction of new products have affected the workshops and during the year in question this has continued to be the case. The Management Committee of the workshops have this situation constantly under review and in conjunction with the Local Authorities are doing everything possible to keep abreast of modern production methods.

With regard to social functions for the blind, the holiday was held this year at Weston and the third social club has now been opened at Netherton and is proving to be very successful. This club is held in the Methodist Church Hall and our thanks are due to the Minister and members of the Church for the considerable help they have given.

In 1969 14 blind men and women were employed at the workshop at Sedgley and six others attended the handicraft centre. Two blind people were employed at the Birmingham workshops and a further one was employed at Messrs. Ewatts as a Capstan Lathe operator. The following gives the age analysis of the blind population in the Borough at the 31st December 1969.

<i>Age in years</i>	<i>Blind</i>			<i>Partially Sighted</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0 to 15 ..	9	6	15	2	9	11
16 to 20 ..	1	4	5	1	2	3
21 to 39 ..	11	4	15	2	1	3
40 to 59 ..	24	18	42	6	3	9
60 to 64 ..	15	10	25	—	2	2
65 to 69 ..	17	21	38	3	1	4
70 to 79 ..	24	56	80	6	2	8
80 to 89 ..	17	51	68	2	5	7
90 and over ..	6	13	19	1	1	2
Total ..	124	183	307	23	26	49

The Department has continued to provide remedial aids and adaptations for the physically handicapped. The principal aim of this service is to help the handicapped in their homes by making structural alterations and by providing aids to living at home. These aids have included specially designed gadgets to enable the physically handicapped to dress, to walk, and to cook, whereas adaptations have included alterations to kitchens, the construction of ramps for wheelchairs, handrails, and lifting hoists for those who are completely immobile.

A high proportion of the work has been in Council houses and as always the Housing Manager and his staff have been most helpful in assisting.

Burials, National Assistance Act 1948—Section 50

The Department carried out ten funerals in the year under its duty arising from Section 50 of the National Assistance Act 1948 to bury the body of any person found dead within the boundaries of the Borough, where it appears that no suitable arrangements for the disposal of the body have been or are being made.

Transport

An integral part of the work of the Department is the provision of transport for the handicapped, and we are using purpose-built vehicles owned by the Authority to this purpose, but are also hiring coaches and mini-buses. As the range of services for the disabled widens, there is a rise in the demands by the disabled for special transport.

There are two particular areas, however, where an improvement would result if transport were provided. The first of these is day care for the elderly in the Old People's Homes, most of which are equipped and prepared to take in for care elderly persons left alone at home who are lonely and unable to look after themselves adequately during the day. This service is limited at the present time because transport facilities are lacking. The same is true with regard to home teaching of the physically handicapped who are house-bound. The occupational therapists cannot visit all the cases concerned on a regular basis, partly because of lack of time and also because the transport of materials is a problem. It is hoped to be able to solve this difficulty in the forthcoming year.

Homeless Families

The Scheme outlined in the Annual Report for 1968 was adopted by Council in 1969. An Officers Co-ordinating Committee met at monthly intervals to discuss families with social welfare problems including homelessness. One family evicted from Council accommodation was rehoused and intensive case-work by the Children's Department and the Health and Welfare Department prevented eviction from Council accommodation in sixteen cases. Twenty-one families were rehoused by the Housing Department following eviction from property in private ownership, and the Department were involved in providing care and support to most of these families.

CARE OF THE MENTALLY DISORDERED

Comment has been made in the past about the especially difficult plight of the elderly suffering from mental illness and infirmity, and about the proposal to add an annexe to Albert House Old People's Home for those cases who cannot be admitted to the ordinary Old People's Homes. It is hoped that we shall be able to make a start on this project next year. The annexe will accommodate 10 elderly mentally ill patients, who will have their own staff to look after them, although the Matron of Albert House will remain in overall charge. This is likely to be the beginning of a service which must be considerably extended, since there are many elderly people in hospital for whom no specific hospital treatment is necessary and yet who cannot be discharged because of their mental frailty. By providing this service, therefore, it is hoped that, in addition to dealing with the elderly mentally ill in the community, we shall also be able to free hospital beds for other patients needing active treatment.

The following table shows the number of referrals to the Department under the Mental Health Act 1959, during 1969. Not all the cases referred to are new cases but have been re-referred after a breakdown or for further treatment.

<i>Referred by</i>	<i>Mentally ill and Psychopathic</i>	<i>Subnormal and Severely subnormal</i>	<i>Total</i>
General Practitioners ..	74	5	79
Hospitals	364	23	387
Local Education Department	—	45	45
Police Courts	11	2	13
Other sources	107	71	178
Total	556	146	702

The number of people referred, it will be noticed, continues to increase. The active case load on the Welfare Officers of the Department also continues to increase and the general picture at the moment is that these demands on the Department seem to dominate all other claims.

The new Junior Training Centre at Russells Hall was nearing completion at the end of 1969. The accommodation in this Centre is urgently needed because the Junior Training Centre at Dixon's Green and the Adult Training Centre at Audnam are both overcrowded. As a result of the boundary changes under the West Midlands Order in 1966, children and adults who are the responsibility of one Local Authority have been attending Centres within the area of other Authorities. Partly because of this, but also because of the increasing needs for accommodation for the mentally handicapped, all Local Authorities in the West Midlands have had to undertake major building programmes to provide additional places. Coincidentally most of these schemes are

coming to fruition at about the same time and there will therefore be considerable interchanges of children and adults between Centres in order that each Local Authority may care for their own patients.

The table below shows the situation with regard to sub-normality at the 31st December 1969:

	<i>Subnormal</i>				<i>Severely subnormal</i>				<i>Total</i>
	<i>Under age 16</i>		<i>16 and over</i>		<i>Under age 16</i>		<i>16 and over</i>		
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Attending Training Centre	3	4	11	10	49	23	34	42	176
Awaiting entry to Training Centre, Baby Units or Special Care Unit ..	5	3	5	4	10	11	4	4	46
Resident in Local Authority Home/Hostel	—	—	—	1	—	—	—	—	1
Resident in other Local Authority Hostels ..	—	—	1	1	—	—	2	—	4
Attending day hospital ..	—	—	—	—	3	—	—	—	3
Number resident in Voluntary Homes.. ..	—	—	1	—	—	—	—	1	2

The plans to convert the former Lupin House Old People's Home at Russells Hall Estate, into a residential home for the mentally handicapped are well in hand. This hostel will take 10 residents and all the places are already spoken for. As with the residential accommodation for the elderly mentally ill, this provision for the younger mentally handicapped is again likely to be only the beginning of a service which must increase.

During the year holidays were arranged at Tan-y-Bryn for the adult members from Dixon's Green and Audnam Training Centres and the holiday home at Rhyl belonging to the Dudley Voluntary Association for Mental Welfare was used throughout the summer to provide holidays for parents with mentally handicapped children who would not normally be able to have a holiday.

ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER School Accommodation and Attendance

Education is provided in 76 primary schools, 20 secondary modern schools and 5 grammar schools (one for boys, one for girls and three mixed schools). In addition, there are two day schools for educationally subnormal children and three nursery schools. The average numbers on the roll at the end of the year are given in the table set out below.

The total school population increased during 1969 from 28,942 to 30,084.

Quarry Bank Secondary School for Girls and Quarry Bank Secondary School for Boys were amalgamated to form Quarry Bank Secondary Mixed School and Brockmoor Secondary School for Girls and Brierley Hill Secondary School for Boys also amalgamated to form Brierley Hill Secondary Mixed School.

Round Oak Infants School, Brierley Hill, closed during the year and a new Infants School, Bromley Hill, was opened. Three new Junior Schools, Fairhaven, Wordsley, Thorns, Thorns Road, Quarry Bank, and Russells Hall were opened during the year.

The new schools absorbed the increase of 253 in the school population and also accepted pupils transferred from those which were over-crowded.

Infants' Schools

					Average No. on Roll
Alder Coppice	..	..	..	..	283
Belle Vue ..	..	..	..	..	213
Bird's Meadow	..	..	..	..	153
Brockmoor	..	..	..	..	189
Bromley ..	..	..	..	..	206
Bromley Hills	..	..	..	..	162
Christ Church	..	..	..	..	121
Dudley Wood	..	..	..	..	133
Glynne ..	..	..	..	..	214
Hawbush ..	..	..	..	..	136
Holly Hall ..	..	..	..	..	203
Mount Pleasant (Quarry Bank)	..	..	..	..	53
Priory ..	..	..	..	..	216
Quarry Bank	..	..	..	..	202
Queen Victoria	..	..	..	..	160
Red Hall ..	..	..	..	..	253
Roberts ..	..	..	..	..	154
Russells Hall	..	..	..	..	187
Saltwells ..	..	..	..	..	151
St. Chad's C.E.	..	..	..	..	67
St. James's C.E.	..	..	..	..	119
The Straits..	..	..	..	..	223
Wall Heath	..	..	..	..	114
Wren's Nest	..	..	..	..	172
Yew Tree Hills	..	..	..	..	127
					4,211

Infants' and Junior Schools

					Average No. on Roll
Blowers Green	..	..	..	..	318
Bramford	..	..	..	..	318
Brierley Hill	..	..	..	..	222
Cotwall End	..	..	..	..	412
Dawley Brook	..	..	..	..	214
Fairhaven	..	..	..	..	133
Kate's Hill	..	..	..	..	319
Lawnswood	..	..	..	..	244
Maidensbridge	..	..	..	..	331
Mount Pleasant, Coseley	..	..	..	..	375
Northfield Road	..	..	..	..	275
Parkes Hall	..	..	..	..	256
Park	..	..	..	..	304
Portway	..	..	..	..	241
St. Chad's R.C.	..	..	..	..	202
St. Edmund's C.E.	..	..	..	..	244
St. John's C.E.	..	..	..	..	235
St. Joseph's R.C...	..	..	..	..	272
St. Mark's C.E.	..	..	..	..	219
St. Mary's C.E. (Kingswinford)	..	..	..	..	260
St. Mary's C.E. (Coseley)	..	..	..	..	302
St. Mary's R.C.	..	..	..	..	124
St. Thomas's C.E.	..	..	..	..	77
Sledmere	..	..	..	..	410
Sycamore Green	..	..	..	..	245
The Brook..	..	..	..	..	364
The Dingle	..	..	..	..	242
Thorns	..	..	..	..	154
Tudor	..	..	..	..	243
Wallbrook	..	..	..	..	239

Junior Schools

Belle Vue	..	..	..	..	200
Bowling Green	..	..	..	..	398
Brockmoor	..	..	..	..	282
Bromley	..	..	..	..	348
Bromley Hills	..	..	..	..	225
Christ Church (Coseley)	..	..	..	..	173
Church of Ascension	..	..	..	..	192
Glynne	..	..	..	..	393
Hawbush	..	..	..	..	245
Jesson's C.E.	..	..	..	..	167
Mount Pleasant	..	..	..	..	121
Netherton C.E.	..	..	..	..	200
Priory	..	..	..	..	363
Quarry Bank	..	..	..	..	329
Queen Victoria	..	..	..	..	328
Red Hall	..	..	..	..	384
Roberts	..	..	..	..	254
Russells Hall	..	..	..	..	246
The Straits..	..	..	..	..	253

Woodside	344
Wren's Nest	296
*Sutton E.S.N. Mixed	117
*Woodsetton E.S.N. Mixed	119
	17 982

Secondary Modern and Grammar Schools

	Average No. on Roll
Audnam Secondary (Mixed)	341
Bishop Milner R.C. (Mixed)	489
Blue Coat (Mixed)	317
Brierley Hill (Mixed)	695
Coseley (Mixed)	318
Dormston (Boys)	293
Dormston (Girls)	278
Ellowes Hall (Mixed)	653
Hillcrest (Mixed)	393
Holly Hall (Mixed)	493
Kingswinford (Mixed)	366
Mount Pleasant (Mixed)	290
Park (Boys)	249
Park (Girls)	231
Pensnett (Mixed)	415
Quarry Bank (Mixed)	359
Rosland (Mixed)	142
Saltwells (Mixed)	282
Summerhill (Mixed)	494
Wren's Nest (Mixed)	534
Brierley Hill Grammar (Mixed)	940
Dudley Grammar (Boys)	537
Dudley High (Girls)	566
High Arcal Grammar (Mixed)	879
Sir Gilbert Claughton Grammar/Technical (Mixed)	487
Total ..	11,041

Grand Total

Primary, Secondary and Grammar ..	29,023
-----------------------------------	--------

Nursery Schools

Netherton Park	40
Pensnett	53
Priory	79
Total ..	172

*These Special Day Schools have on roll children over 11 years of age.

Arrangements for Periodic Medical Inspections

Children attending schools in the Borough were medically examined as follows:—

1. During the first year at school
2. Between the ages of 14 and 15

Children absent at the time of the inspections were given another appointment soon after they returned to school.

Periodic Medical Inspections

The following table shows the number of children examined by years of birth and the number of individual pupils found to require treatment (excluding dental disease and infestation with vermin).

<i>Age Groups Inspected (By year of Birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils inspected</i>		<i>Pupils found to require treatment (excluding Dental Disease and infestation with vermin)</i>		
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>For Defective Vision (excluding Squint)</i>	<i>For any other Condition</i>	<i>Total Individual Pupils</i>
1964 and later ..	1756	1752	4	42	118	160
1963 ..	2184	2177	7	55	92	147
1962 ..	641	639	2	17	24	41
1961 ..	158	156	2	5	6	11
1960 ..	86	85	1	3	4	7
1959 ..	62	61	1	4	4	8
1958 ..	50	50	—	1	2	3
1957 ..	42	42	—	3	—	3
1956 ..	44	44	—	—	—	—
1955 ..	42	41	1	2	2	4
1954 .. and earlier	22	22	—	—	—	—
TOTAL ..	5087	5069	18	132	252	384

The total number of children examined remained approximately the same as last year. As the shortage of Medical Officers continued during the first half of the year it was decided to give priority for routine medical inspections to the entrant age groups. This accounts for the increase in the number of pupils examined in the infant age groups and the decrease in pupils examined in other age groups.

Of the 5,087 examined, 18 (0.35%) were considered to be of unsatisfactory general condition compared with 23 for the previous year. The classification of "Satisfactory" and "Unsatisfactory" condition rests on the view of the examining Doctor and as standards differ slightly some variation in classification is to be expected.

Those pupils considered to be of unsatisfactory general condition were seen frequently and, in addition to advice given to the parents concerning their medical and social care, arrangements were made with the family Doctor for them to receive any treatment thought to be necessary.

Presence of Parents at Periodic Medical Inspections

Age Group Inspected	No. of Pupils Inspected	Percentage of Parents Present
		1969
Entrants	4571	93.4
Other Periodics	452	78.9
Leavers	64	56.2

The value of medical examinations at school is greatly enhanced if parents are present and the above figures show a considerable improvement on the position during the last few years.

Defects Found by Periodic Medical Inspections during the Year

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4	Skin	14	168	—	3	2	23	16	194
5	Eyes:								
	(a) Vision ..	118	202	2	11	12	26	132	239
	(b) Squint ..	27	99	—	5	—	13	27	117
	(c) Other ..	6	41	—	—	1	6	7	47
6	Ears:								
	(a) Hearing ..	53	134	1	4	2	9	56	147
	(b) Otitis Media	15	140	1	3	2	8	18	151
	(c) Other ..	1	47	—	2	—	5	1	54
7	Nose and Throat	27	798	1	4	1	60	29	862
8	Speech	31	119	1	4	3	9	35	132
9	Lymphatic Glands	3	364	—	2	—	23	3	389
10	Heart	9	186	—	2	1	10	10	198
11	Lungs	18	176	—	2	1	12	19	190
12	Development:								
	(a) Hernia ..	7	34	—	—	1	2	8	36
	(b) Other ..	7	137	—	—	—	15	7	152
13	Orthopaedic:								
	(a) Posture ..	6	19	—	2	1	9	7	30
	(b) Feet ..	69	229	—	2	8	27	77	258
	(c) Other ..	19	89	—	5	—	11	19	105
14	Nervous System:								
	(a) Epilepsy ..	1	15	—	2	—	2	1	19
	(b) Other ..	24	136	—	1	2	15	26	152
15	Psychological:								
	(a) Development	5	37	—	27	—	20	5	84
	(b) Stability ..	9	122	1	4	1	12	11	138
16	Abdomen	8	38	1	1	—	2	9	41
17	Other	24	189	1	3	1	9	26	201
	Totals	501	3519	9	89	39	328	549	3936

T—Defect requiring treatment
O—Defect requiring observation

It is not possible to draw any general conclusions from these figures as the definitions "requiring treatment" and "requiring observations" vary with different School Medical Officers. Those under observation include many defects which may be corrected spontaneously, never require treatment and are kept under observation as a precautionary measure only.

Other Inspections		<i>1969</i>	<i>1968</i>
Number of Special Inspections ..	..	256	607
Number of Re-Inspections ..	..	1,190	762
		1,446	1,369

Summary of Defects Found at the Foregoing Inspections

<i>Defect Code No.</i>	<i>Defect or Disease</i>						<i>Special Inspections</i>	
							<i>Requiring Treatment</i>	<i>Requiring Observation</i>
4	Skin						8	26
5	Eyes :							
	(a) Vision						29	28
	(b) Squint						3	10
	(c) Other						1	6
6	Ears :							
	(a) Hearing						26	12
	(b) Otitis Media						2	6
	(c) Other						—	1
7	Nose and Throat						5	92
8	Speech						18	7
9	Lymphatic Glands						—	37
10	Heart						6	42
11	Lungs						10	56
12	Development :							
	(a) Hernia						—	6
	(b) Other						2	31
13	Orthopaedic :							
	(a) Posture						—	6
	(b) Feet						18	45
	(c) Other						9	25
14	Nervous System :							
	(a) Epilepsy						5	8
	(b) Other						7	22
15	Psychological :							
	(a) Development						7	11
	(b) Stability						5	26
16	Abdomen						2	8
17	Other						63	46

A total of 1,446 children were seen at these special inspections, 256 of these at various clinics at the request of parents, general practitioners, head teachers, school nurses or education welfare officers. Parents of children requiring continued supervision were advised and their children referred to their general practitioner or the appropriate specialist after discussion with the general practitioner.

The remaining 1,190 pupils were seen at re-inspections in all schools in the Borough. These children were noted at previous periodic medical inspections to be in need of further observation, treatment or advice. These inspections are found to be of particular value in bringing to light those pupils who, owing to one cause or another, have failed to attend either the specialist clinic or their practitioner.

Special Medical Clinics

Special medical examinations were carried out at clinics throughout the Borough. These clinics were arranged so that children seen at routine medical inspections at schools and considered by the Medical Officer to require a more detailed examination with their parents present could be offered an appointment at the clinic nearest their home.

In addition to these pupils the special clinics were also of value in seeing those children referred by head teachers and others, the appointments at the clinics being arranged according to priority.

A total of 256 pupils were seen at these clinics including those cases referred by the Director of Education for absenteeism, behaviour problems and other miscellaneous reasons. The following figures give details of children seen at the request of the Director of Education:—

Unfit for School	13
Fit for School etc.	91
	—
	104
	—

Recommendations:

	1969	1968
Unfit for School—general practitioners notified and pupils kept under review	13	26
Fit for School	46	67
	—	—
	59	93
	—	—

Other Recommendations:

Home Tuition	1
Transport to school to be provided ..	4
Referred for attendance at Open Air School	2
Referred to Child Guidance Clinic ..	5
Restricted Activities	7
Hospital treatment.. .. .	1
Visit by Health Visitor	1
Attended Eye Clinic	4
Transfer to another school	2
To be reviewed	1
To care of own G.P.	1
To commence attending Ordinary school	6
	35
Failed to attend	10

Work of the School Nurses

Health Visitors and School Nurses continued to work together in all branches of the School Health Service.

School Visits:

Routine and Special Inspections (with Medical Officer)	506
Cleanliness Surveys	528
Other reasons (including Vision Inspections, Diphtheria Immunisations, B.C.G. Vaccination and miscellaneous sessions)	1129

Home Visits:

Cases of uncleanliness	502
Other Reasons	1586

In attendance at Clinic Sessions	605
---	-----

Foot Inspections:

During the year 497 periodic inspections of pupils' feet were carried out by nurses at schools and on 274 occasions cases of verrucae or fungal infection were discovered. The total number of such cases are given below :—

Verrucae	1221
Fungal	308
	1529

Enuresis Alarms:

Enuresis alarms continued to be available from clinics throughout the Borough.

During the year 94 appliances were issued and 30 pupils were cured of this condition.

School Health Education:

Health Visitors have continued the Health Education programme in nine Secondary Schools and individual topics have been covered in a further three schools. 207 sessions were devoted to this work during 1969.

The basic syllabus commences with child care, including home safety and extends to the teenager problems in the use of cosmetics, smoking dangers, venereal disease and the abuse of drugs.

Two schools now take the Child Care Examination of the Child Welfare Association and several participate in the Duke of Edinburgh Award Scheme.

With the increasing interest in Social Services there is a frequent demand for information and material for projects, and occasional observation visits to the Clinics have been arranged.

A 16 m.m. cine film "Learning to Live" was purchased by the Department. It explains clearly and simply the process of physical and emotional growth, conception and the responsibilities of family life. It is suitable for the 13 plus age group. It has been shown in most of the schools in which we are involved with Health Education and also at a Parent Teacher Association Meeting.

The film "To Janet a Son," which includes details of a normal delivery, was shown in several schools to the 5th and 6th form girls at their request where parental permission had been given.

Vaccination and Immunisation

B.C.G. Vaccination of School Children

Ministry of Health Circular 19/64 gives information and recommendations on vaccination against tuberculosis.

The arrangements, as well as providing for the vaccination of contacts of cases of tuberculosis, included the vaccination of children of 13 years of age and over. In addition, children between 10 and 13 can be offered vaccination at the discretion of the Local Authority as well as pupils over 14 years of age, students at Universities, Teachers' Training Colleges, Technical Colleges or other establishments of Further Education.

All children in their second and subsequent year at a secondary school and students attending the Teachers' Training Colleges were offered Heaf Test and, where necessary, vaccination or chest x-ray. The figures below indicate the work undertaken during the year.

School Children

Number offered skin test ..		2864
Number of consents received ..		2530
Number of skin tests (first time)	2293	
Number retested (absentees and doubtfuls)	257	
		2550
Number with positive reaction ..		220
Number with negative reaction ..		2017

Of those with a negative reaction 1948 were vaccinated, the remaining 69 being found unsuitable for vaccination on medical grounds as follows:—

Having course of injections	..	..	..	13
Attending Chest Clinic	..	..	..	24
Under medical treatment	..	..	..	4
Consent for Heaf Test only	..	..	..	1
To receive B.C.G. in 1970	..	..	..	27
				69

Smallpox Vaccination

During 1969 the programme of vaccination against smallpox in schools was continued.

The numbers vaccinated were as follows:—

			1968	1969
Primary Vaccination..	..	..	126	—
Re-vaccination	..	..	2677	2171

Diphtheria/Tetanus

Initial protection against these two diseases is normally covered by one course of injections. During 1969 the following were performed:—

Primary Courses completed	..	..	850
Re-inforcing doses given	..	..	3458

Diphtheria

Primary Courses completed	..	..	4
Re-inforcing doses given	..	..	26

Tetanus

Re-inforcing doses given	..	..	565
--------------------------	----	----	-----

Measles

Protection against measles is now offered in schools; during 1969 a total of 559 children were protected.

Poliomyelitis

The number of children protected against Poliomyelitis during the year were as follows:—

Primary Course completed..	..	..	1132
Re-inforcing doses given	..	..	4086

Infectious Diseases—School Children

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Scarlet Fever	3	2	5
Measles	30	34	64
Dysentery	241	207	448
Food poisoning	2	3	5
Tuberculosis (Pulmonary) ..	2	3	5
Tuberculosis (Non-Pulmonary)	3	1	4
Infective Jaundice	2	6	8
Typhoid	—	1	1

No cases of poliomyelitis or diphtheria were notified and no deaths were recorded as a result of infectious disease.

Protection of Children from Tuberculosis

A joint circular 18/67 from the Ministry of Health and Home Office made recommendations on the frequency of chest x-rays for persons whose work brought them into close contact with groups of children. As from January 1969 all persons employed by the Authority who were in close contact with children were invited to attend for x-ray examination of the chest. This will be repeated at three-yearly intervals. The figures below indicate the work undertaken during the year:—

Total number of appointments offered ..	1866
Total number of x-ray results received ..	1827

Of this number 43 showed evidence of abnormality and were investigated with the following results:—

No further action necessary ..	35
Abnormalities requiring further examination	8

Tuberculosis

Following the routine x-ray of teaching staff under a three-year review arrangement, a teacher at one of the schools was diagnosed as having pulmonary tuberculosis and referred for treatment. Although it was considered unlikely that the disease could have been transmitted to any of the school-children, as a precaution, arrangements were made for the children in the class to receive a Heaf Test. The figures below indicate the work carried out on that occasion:—

Of the 23 children in the class concerned:—

Consented	18
Did not consent	5
Not tested attending Chest Clinic	1
Negative	16
Positive	1 slight, already had B.C.G.
No. of X-rays	Nil

Diseases of the Skin

During the year 25 families were referred to Central Clinic as being in need of treatment for scabies. These families included 28 adults, 15 children under five and 26 children of school age, compared with 39 adults and 63 children in 1968.

								<i>Number of Cases known to have been treated</i>
Ringworm :								
(a)	Scalp	..	..	..	..	..	..	—
(b)	Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	..	26
Impetigo	..	..	..	..	..	..	..	1
Other Skin Diseases	..	..	..	..	..	..	..	3
								30

Specialists' Clinics

The service continues to be indebted to the Regional Hospital Board and Hospital Management Committee for providing consultant services on our own premises. This offers advantages to both patients and parents and is a convenience to consultants who have school medical records available, together with relevant notes on past medical history including Infant Welfare Records.

Ophthalmic Clinic

Routine medical inspections in schools revealed 181 children requiring treatment for eye conditions (146 for errors of refraction ; 35 for squint and other conditions) and 464 were noted for future observation.

Consultant Ophthalmic Clinics continued throughout the year. Doctor L. H. G. Moore continued his ophthalmic work at the Central Clinic and Doctor J. A. Cox carried out clinic work at Brierley Hill, Sedgley, Coseley and Kingswinford. A total of 184 sessions was arranged in respect of these clinics when 468 children were examined for the first time and 991 children previously examined were reviewed. Spectacles were provided for 775 children.

								<i>Number of cases known to have been dealt with</i>
External and other excluding errors of refraction and squint	..	..	..	..	..	..	..	46
Errors of refraction including squint	..	..						1459
								1505
Number of children for whom spectacles were prescribed	..	..	..	..	..	..	..	775

During the year under review the Ishihara test for colour-blindness yielded the following results:—

		<i>School leaving</i>
		<i>age group</i>
Children found colour blind	.. ..	7 boys
		1 girl

Where the examining medical officer considered it advisable, these children were referred to a Consultant Ophthalmologist, and the Youth Employment Officer was informed in each case.

Ophthalmic Inspections in Schools by School Nurses

Health Visitors and School Nurses carried out a survey of all children at their schools periodically. In November a Keystone Vision Screener was introduced for the first time. Four School Nurses received instructions in the use of the apparatus. It was envisaged that this could be used for testing the vision of all age groups but, after a trial period in an Infants' School, it was found that the children were unable to cope with this type of testing. It was agreed to continue testing the 5 years old using the traditional methods, "E", Hand Test and Snellen type. At present the Keystone Vision Screener is used for the following age groups, 6, 8, 10, 12, and 15.

These inspections continued to prove their value in detecting defects of vision which may develop between Routine Medical Inspections and also in ensuring a follow up of those children who, for a variety of reasons, fail to attend for periodic review by the Eye Specialist.

The following table gives a summary of the work done:—

Number of children inspected	.. ..	7644
Number found to have visual defects	.. ..	859
of this number (859):		
Number referred to Eye Clinic	.. ..	461
Number already given appointment	.. ..	36
Noted for observation	.. ..	338
Seen previously and discharged	.. ..	10
Left district, made own arrangements or did not attend	.. ..	14

Orthoptic Clinic

Throughout the year the visiting orthoptist continued to carry out six sessions monthly at the Central Clinic and the following are details of the work done:—

New Cases	.. ..	90
Old Cases:		
For treatment	.. ..	49
For occlusion	.. ..	18
For test and observation	.. ..	7
For periodic check-up	.. ..	10
Miscellaneous visits	.. ..	57
		141
Total attendances	.. ..	231

Discharges :

Cured by Orthoptic treatment	20
Cured by Orthoptic and operative treatment ..	3
Transferred to hospital for operative treatment..	5
Good cosmetic result	—
Failed to attend	14

Orthopaedic Clinic

During 1968, Mr. J. A. O'Garra, F.R.C.S., continued his fortnightly visits, the Orthopaedic Clinic remaining under the direction of the Dudley and Stourbridge District Hospital Group. A registrar also assisted at the clinic and this reduced the waiting time for patients.

The number of pupils treated, 277, showed an increase of 47 as compared with the preceding year. The 496 children noted at routine medical inspections as having orthopaedic defects included 103 who required treatment and they are included in the total of 277 referred to above. The remaining 393 were kept under observation.

Mr. O'Garra reports: "One of the main problems which has arisen during the year has been the management of cases of spastic paralysis sometimes associated with fairly marked mental retardation. The difficulty is to obtain jobs for these people who are usually unemployable on the ordinary market and yet would benefit from simple repetitive work or occupational therapy. There does not seem to be very much provision made for these people at present.

Similarly, we have one or two old cases of spina bifida who do not get out at all and they would probably benefit from similar facilities."

Physiotherapy

This clinic continued to function under the direction of the Dudley, Stourbridge and District Hospital Group, with a trained physiotherapist holding sessions at Central Clinic each day. As in previous years postural defects, pesplanus and genu valgum of varying degree of severity accounted for the great majority of cases.

Ear, Nose and Throat Clinics

Mr. G. O. Clark, F.R.C.S., continued clinics in the Brierley Hill, Sedgley and Kingswinford areas. The number of children receiving operative treatment for the removal of tonsils and adenoids was 169. In addition, 15 children received operative treatment for other conditions.

During the year at medical inspections 104 children were noted as requiring treatment as compared with 58 in 1968. The total kept under observation, 1,214, also showed an increase on last year.

Treatment

	<i>Number of Cases known to have been dealt with</i>
Received operative treatment:	
(a) for disease of the ear	9
(b) for adenoids and chronic tonsillitis.. ..	169
(c) for other nose and throat conditions	6
Received other forms of treatment	8
	192
Number of school children seen by E.N.T. Specialist	70
Number of school children for whom hearing aids were prescribed	2

Audiology/Screening for Hearing

Mrs. Crellin, a qualified audiometrician, continued this work during 1969. Of the 6,370 children tested by pure-tone audiometer, 524 were referred for further audiometer testing and clinical examination by the First Senior Medical Officer, Doctor M. Kerrigan, or Mr. G. O. Clark, F.R.C.S. A further 28 were also referred by medical officers at schools or clinics, General Practitioners and Head Teachers.

Details of audiometry carried out at various clinics throughout the Borough are given below:—

First attendance	71	
Re-examinations	79	
	—	150
Failed to attend	71	
	—	221

Of the 150 seen at the clinics 12 were referred for specialist opinion.

Apart from visits to schools for routine testing, Mrs. Crellin visited the following:—

Children receiving instruction with speech trainer	8
Children in Nursery and Infant Schools receiving hearing aid instruction	4
Children in Junior and Secondary Schools receiving hearing aid instruction	8
Children receiving hearing aid instruction at home	5
Children given special hearing test in School ..	448
Children given special hearing test at home ..	11
Children given special hearing test at clinics ..	74
Speech/Hearing tests given to children in Day Special Schools for Educationally Sub-normal pupils	5

Instruction

When a child receives a hearing aid, visits are made either to the school or home to give instructions on how to care for and use the hearing aid. Pupils are taught lip-reading and to discriminate sounds and speech by listening through the aid. In the case of young children, the parent is also instructed on the care of the aid and how to help the child to use it properly. If the child is severely deaf and speech poor, the instruction is first given on the Speech Trainer and gradually, as the child improves, instruction continues using the hearing aid. For the very deaf child the parent also receives instruction to carry out exercises with the child in the home.

Repairs

There is good liaison between the Clinic and New Cross Hospital at Wolverhampton and a stock of batteries, cords and ear-pieces is held by the audiometrician so that immediate repair can be attended to at school or home. Only worn-out aids are now sent to Wolverhampton for exchange.

Ear Mould Impressions

Some parents are reluctant to take the child to Wolverhampton for an impression for an ear mould and in these cases the impression is taken at school and despatched to Wolverhampton for the mould to be made.

Child Guidance Clinic

Doctor D. T. Maclay, Consultant Child Psychiatrist, continued his weekly sessions at Central Clinic. I am indebted to him for the following comments on the working of the Child Guidance Clinic during the year 1969.

"The situation of the Child Guidance Clinic is that work has continued on an even keel throughout the past year and that there have been no highlights nor any unusual difficulties.

Two disappointing factors remain from other years. One of these is the smallness of the numbers of young children, not only pre-school children, but infants, whom we see. It is my continuing belief that many a problem which arises in the early months or years of life could be alleviated then much more economically as regards time and effort than is the case when referral is postponed until, shall we say, some time in the school years. By this time the problem is usually much more firmly rooted and correspondingly less easy to handle.

The other, and not unrelated matter is the sparsity of children referred to the Clinic by family Doctors. It is very difficult not to believe that family Doctors see a good many children for whom it would be a benefit to come to the Clinic and yet who, for one reason or another, are not referred."

The sources of referral were as follows:—

General Practitioner, School Medical Officer or Consultant, Teacher or Education Welfare Officer ..	51
Children's Officer, Juvenile Court, or Probation Officer	5
Parents direct	1
Others	2
	59

The following is an analysis of new cases:

Organic or constitutional	1
Anxiety	24
Psychosomatic	2
Problems related to education	12
Behaviour disorder and delinquency	14
Family, social and sexual	6
	59

During the year 68 children admitted to the Remand Home at Saltwells House were referred to Doctor Maclay by the Courts.

Total number of interviews:

(a) Psychiatrist	452
(b) Psychologist	15

Medical examinations were carried out upon the admission and discharge of boys from Saltwells Remand Home by school medical officers until the end of May. However, in view of the acute medical staff shortage it became necessary to engage a general practitioner for this work to enable the service to continue.

REPORT OF THE CHIEF DENTAL OFFICER

The staffing position varied throughout the year. On average the equivalent of 5.7 dentists were employed instead of an Establishment of 8. In addition one Senior Dental Officer attended a full time course on Orthodontics which included three months at Birmingham Dental Hospital and six months at Eastman Clinic, London.

A dental auxiliary worked with the Dental Officers at Sedgley and Brierley Hill where there are double surgeries.

In January, 1969, Mr. D. Prince, B.D.S., and Mr. P. M. Cross, B.D.S., were appointed as full time Senior Dental Officers.

Dental Health Education

Again several thousand booklets and pamphlets were distributed free to children at school dental inspections.

Slices of raw carrot were supplied to children after school dinners and most school tuck shops were restricted to the sale of savouries and nuts rather than sweets and sweet biscuits.

The dental auxiliary spent 22 sessions in the year giving instruction on Oral Hygiene to Junior and Infant Schools. These talks were given while the Dental Officers were examining the children in school. In addition, Health Visitors gave oral hygiene talks to Senior Girls.

The Notice Boards at all the clinics are devoted solely to dental health education for two months of the year.

Fluoridation of the Water Supply

I regret to report that the Council have again this year rejected the proposal for fluoride to be added to the water supply. Though fluoride is available in other forms, none of these is as efficacious as fluoride added to the water supply.

Dental Inspection and Treatment

- 12,506 were inspected at school
- 1,581 were inspected at the clinics
- 9,718 required treatment
- 8,178 were offered treatment
- 6,423 were treated during 15,670 attendances

The following Table gives a Summary of the work carried out :

Attendances and Treatment :								
First Visit..	..	..	..	..	..	..	..	6,423
Subsequent Visit	..	..	..	..	..	..	..	9,247
Total Visits	..	..	..	..	..	..	..	15,670
Additional Courses of treatment commenced	..	..						238
Fillings in permanent teeth	..	..	..	..	..	..	..	13,922
Fillings in deciduous teeth	..	..	..	..	..	..	..	3,267
Permanent teeth filled	..	..	..	..	..	..	..	12,182
Deciduous teeth filled	..	..	..	..	..	..	..	2,872
Permanent teeth extracted	..	..	..	..	..	..	..	1,378
Deciduous teeth extracted	..	..	..	..	..	..	..	3,948
General Anaesthetics	..	..	..	..	..	..	..	1,384
Emergencies	..	..	..	..	..	..	..	523
Number of pupils X-rayed	..	..	..	..	..	..	..	327
Prophylaxis	..	..	..	..	..	..	..	1,796
Teeth otherwise conserved	..	..	..	..	..	..	..	555
Number of teeth root filled	..	..	..	..	..	..	..	20
Inlays	..	..	..	..	..	..	..	1
Crowns	..	..	..	..	..	..	..	19
Courses of treatment completed	..	..	..	..	..	..	..	4,879
Orthodontics :								
Cases remaining from previous year	..	..	..					31
New cases commenced during the year	..	..	..					114
Cases completed during the year	..	..	..	..	..	..	..	74
Cases discontinued during the year..	..	..	..	..	..	..	..	9
Number of removable appliances fitted	..	..	..	..	..	..	..	127
Number of fixed appliances fitted	..	..	..	..	..	..	..	—
Pupils referred to Hospital Consultant	..	..	..					28
Prosthetics :								
Pupils supplied with F.U. or F.L. (first time)	..	..						—
Pupils supplied with other dentures (first time)	..	..						29
Number of dentures supplied	..	..	..	..				31
Anaesthetics :								
General anaesthetics administered by Dental Officers	..							27
Inspections :								
(a) First inspection at school—number of pupils	..							12,506
(b) First inspection at clinic—number of pupils	..							1,581
Number of (a) plus (b) found to require treatment								9,718
Number of (a) plus (b) offered treatment	..	..						8,178
(c) Pupils re-inspected at school or clinic	..	..						800
Number of (c) found to require treatment	..	..						756
Sessions :								
Sessions devoted to treatment	..	..	..	..				2,693
Sessions devoted to inspection	..	..	..	..				131
Sessions devoted to Dental Health Education	..	..						23

Handicapped Children

The following section of the report gives details of children attending special day or residential schools according to their need and also the number of children ascertained during the year and found to be in need of special educational treatment.

- (a) **Blind Pupils**—"that is to say, pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by method not involving the use of sight."

As at 31st December, 1969, there were six children in residential special schools. Two children were ascertained as blind during the year.

A vacancy was obtained for one of these children at Lickey Grange School for the Blind, Bromsgrove, but was refused by the parents who intended returning to India.

The parents of the other child did not wish her to be permanently resident outside the home. As the child is also mentally retarded she is awaiting admission to a special care unit in a New Day Training Centre which should open early in 1970.

- (b) **Partially Sighted Pupils**—"that is to say pupils who by reason of defective vision, cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight." . .

As at 31st December, 1969, there were seven children in residential and three in Day Special Schools. One child was ascertained as partially sighted during the year and was admitted in September, 1969, to Exhall Grange School.

- (c) **Deaf Pupils**—"that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language."

As at 31st December, 1969, there were four children in Day Special Schools and three in Residential Special Schools. Three children were ascertained as deaf during the year. Two were admitted to Stow Heath Day Unit for Hearing Impaired Children at Willenhall. The third child is still awaiting placement at a Residential School.

- (d) **Partially Deaf Pupils**—"that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils."

As at 31st December, 1969, there were eleven children in Day Special Schools, four in Residential Special Schools and two attending the Stow Heath Unit for Hearing Impaired

children at Willenhall. Two children were ascertained as partially deaf during the year and were admitted to Braidwood School for the Deaf and Longwill Day Special School for the Deaf respectively.

- (e) **Educationally Sub-normal Pupils**—"that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education, wholly or partly in substitution for the education normally given in ordinary schools."

As at 31st December, 1969, four children were attending the following Day Special Schools (other than Sutton and High Arcal Schools) :—

William Baxter School, Cheslyn Hay, Walsall	..	..	1
Fitzwilliam School, Tipton	..	..	3

At the same date six children were attending Residential Special Schools as follows :—

St. Mary's, Horam, Sussex	..	..	..	1
Crowthorn, Edgworth, near Bolton	..	..	..	2
Puddleston Court, near Leominster	..	..	..	1
Basford Court, Worcester	..	..	..	1
Walton Hall, Staffordshire	..	..	..	1

Four children were ascertained as educationally sub-normal and recommended for admission to Residential Special Schools. Of these four children two were placed but the parents in one case refused. There were two children at the end of the year still awaiting placement.

Educationally Subnormal Pupils

The screening of children referred by teachers because of backwardness was continued throughout the year by a part-time educational psychologist. Pupils who were severely retarded were referred to a medical officer qualified to carry out ascertainties of educationally subnormal pupils. On the 1st September, 1969 the appointment of Mr. J. A. Pennington as Senior Educational Psychologist was made.

200 ascertainments were carried out during the year by approved medical officers. Most of these examinations were held at clinics but some were carried out in the schools and, in special cases, in the child's home. The following recommendations were made :—

Ascertained Educationally Subnormal:—

To attend Day Special School	71	
To remain at Ordinary School	13	
	—	84
Re-ascertained—to receive voluntary care and guidance after leaving school		51

Other examinations:—

Unsuitable for education in Ordinary School, to attend Junior Training Centre	10	
Not educationally subnormal	8	
Referred for further ascertainment under Section 34 or 57, Education Act, 1944	43	
To leave school without need for supervision ..	4	
	—	65
		200

During the year 41 appointments for the examination or ascertainment of handicapped pupils were not kept.

At the end of the year there were 118 ascertained educationally subnormal pupils at Sutton Day School, 120 at the Woodsetton School, (Dudley County Borough being responsible for 65 of these), 4 at Day Special Schools outside the Borough, 6 at Residential Special Schools and 176 awaiting places at Day or Residential Special Schools for educationally subnormal pupils.

(f) **Epileptic Pupils**—"that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils."

No pupils were ascertained as epileptic during the year.

(g) **Maladjusted Pupils**—"that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment."

As at 31st December, 1969, 17 pupils were attending the following schools:—

Childscourt, Nr. Wincanton, Somerset	1
St. Thomas More's, Nr. Totnes	1
Pitt House, Torquay	1
Ashley House, Staffordshire	2
Shenstone Lodge, Lichfield	1
Cicely Haughton, Stoke-on-Trent	1
Bladen House, Burton-on-Trent	1
Swalcliffe Park, Near Banbury	1
Shotton Hall, Shrewsbury	1
Bodenham Manor, Hereford	2
St. Gorran, Helston, Cornwall	1
Cotswold Chine Home School, Bix	1
Pittsburgh House, Longton	1
Halliwick School, Winchmore Hill, London, N.21 ..	1
Overseal Manor	1

Six children were ascertained as maladjusted during the year. Of these six, four were placed in residential schools for maladjusted pupils, leaving two children at the end of the year still awaiting placement.

- (h) **Physically Handicapped Pupils**—"that is to say, pupils not suffering from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development be satisfactorily educated under the normal regime of ordinary schools."

Children with physical handicaps who are in need of special education are ascertained at an early age by medical officers. It is desirable to examine these children as soon as possible after the age of two years to allow time for observation, assessment and rehabilitation of each child before a decision is taken near to school age as to educational requirements.

Throughout the year 5 children attended the following schools daily:—

Wightwick Hall, Wolverhampton	..	..	..	1
Carlson House, Harborne, Birmingham	..	..		4

5 children were at Residential Schools as follows:—

Bethesda Hospital School, Cheadle	..	..	..	2
Wightwick Hall, Wolverhampton	..	..	..	3

62 examinations of children already ascertained as physically handicapped were carried out during the year as follows:—

To receive home tuition on a permanent or semi-permanent basis	..	..	..	..	..	..	12
Re-examinations (routine medical inspections etc. of children at residential schools)	..	..	..				39
Ascertained as delicate or Physically handicapped	..						11
							—
							62
							—

Three new cases were ascertained as physically handicapped during the year. Of these three, one child was admitted to Halliwick School for Physically Handicapped Pupils in November on a trial basis, leaving two children still awaiting placement but receiving home tuition.

- (i) **Pupils suffering from Speech Defects**—"that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment."

No pupils were ascertained in this category but many who had speech defects were treated at schools and at various clinics by the Speech Therapist.

During the year under review the resignation of the full-time Senior Speech Therapist reduced the service to two part-time Speech Therapists only. Fortunately both the part-time staff were able to increase their sessions, Mrs. Stone to work four sessions per week and in September Mrs. Stuffins was appointed Senior Speech Therapist on a two-thirds basis of a full-time Speech Therapist. Mrs. Stuffins comments on the service as follows:—

“We are still benefiting from Miss Hurford’s work in the fields of clinic organisation, school surveying, school and clinic staff liaison and equipment purchasing. However, the numbers being referred to us make it impossible to give the service we would like to give. A comparison of the numbers of children referred in 1968 (88) and 1969 (263) will give some idea of the pressure the service is under. This is due to the increased awareness of the medical staff, teachers and parents of speech-handicapped children’s needs and of the fact that speech therapy is available, although the service is limited by staff shortage.

School visiting and regular treatment sessions at special schools are not possible in this situation, which is regrettable.

I would like to record my gratitude to the health visitors who are extremely helpful and co-operative.

I visit five outlying clinics for one session each per week and at some of these, notably Sedgley and Lower Gornal, two sessions would be more realistic. At present children regularly attending can have an appointment at two or three weekly intervals, which does not make a satisfactory basis for treatment.

We need more staff urgently and I hope we shall find someone to help very soon.”

Details of the work done for the year are as follows:—

Number of attendances for treatment	..	..	..	2274
Number of attendances for interview	..	..	..	229
Number of attendances for review	..	..	..	246
				2749

Number of referrals..	..	..	..	..	..	263
-----------------------	----	----	----	----	----	-----

Reasons for referral:

Dyslalia	..	..	..	..	..	..	206
Stammer	..	..	..	..	..	..	27
Others	..	..	..	..	..	..	30
							263

Sources of Referral :

Head Teachers	..	..	..	..	..	..	91
School Medical Officers	..	..	..	..	..	..	57
Others	..	..	..	..	..	..	115
							263

Numbers discharged during the year :—

Cured	..	..	..	..	..	..	110
Maximum Improvement	..	..	..	..	..	..	21
Others	..	..	..	..	..	..	5
							136

Number on Waiting List at end of year 271

- (j) **Delicate Pupils**—"that is to say, pupils not falling under any other category who, by reason of impaired physical condition, need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of an ordinary school."

There were three children in this category in the following schools :—

Children's Convalescent Home and School, West Kirby	..	..	..	..	..	..	1
Beacon School, Lichfield, (one boy who is also educationally sub-normal)	..	..	..	..	..	..	1
St. Mary's, Wrestwood, Bexhill-on-Sea	..	..	..	..	..	..	1

Children Unsuitable for Education in School

A few children are so severely sub-normal that school attendance is never considered, but the majority enter an Infants' School for a trial period, and are kept under observation. Only when it is apparent to parent, teacher and examining medical officer that the child is unsuitable for education at school is exclusion recommended.

During the year ten children were ascertained as being unsuitable for education in school, and attendance at the Junior Training Centre was recommended. These cases were all reported to the appropriate Committee of the Local Education Authority and in no case was any objection made by the parents to the action taken.

Four children were re-assessed in accordance with Section 57 of the Education Act, 1944, three of whom were recommended to remain at the Training Centre and one was referred to a Consultant Psychiatrist.

Tuition in Hospital

41 Dudley school children between the ages of 5 and 15 years were given tuition in Dudley Guest Hospital and 42 children of the same age group also received tuition at Wordsley Hospital in accordance with Section 56 of the Education Act, 1944.

One teacher is employed at the Guest Hospital for two-hourly sessions per day on Mondays, Tuesdays, Thursdays and Fridays and the teacher employed at Wordsley Hospital is employed for two and a half hours on similar days.

Conditions Requiring Hospital Treatment or Investigation

	1969
Dental	15
Chest Condition	19
Ear, Nose and Throat condition	186
Skin condition	3
Surgical treatment	108
Orthopaedic and Rheumatic condition	15
Appendicectomy	60
Investigations	78
Accidents and Casualties	97

I am grateful for the continued co-operation of hospitals in sending details of admissions and discharges of school children. This improves liaison between the General Practitioner and the Health and Welfare Department, assists in the maintenance of complete school medical records and facilitates the visiting of children upon discharge from the hospital when necessary.

Infestation with Vermin

Each term, hygiene inspections are carried out in schools by the nurses. If a child is found to be verminous or infested with nits a letter is sent to the parents informing them of the condition together with details of cleansing procedure. If for any reason the cleansing cannot be carried out at home, arrangements are made for this to be done at one of the clinics, but in most cases when the child is re-examined the school nurse finds no evidence of infestation. If, however, infestation is still present a cleansing notice is issued to the parent giving an appointment at the school clinic and the Medical Officer may issue a cleansing order, in which case the child will be compulsorily cleansed. Those children heavily infested and excluded from school are re-admitted as soon as their condition is found to be satisfactory.

61,813 inspections were carried out during the year and arrangements made to ensure that the 726 pupils found to be infested were cleansed.

Employment of School Children

64 children were examined as school-leavers and Forms Y.9 or Y.10 completed when necessary and sent to the Youth Employment Officer indicating the type of work for which the medical officer considered the child to be unsuitable. The number of children examined is very much decreased compared with last year simply because priority for periodic medical inspections was given to school entrants.

It was found necessary to exclude 54 children from one or more of the following categories of work:—

<i>Number of Children Excluded</i>	<i>1. Heavy Manual work</i>	<i>2. Sedentary work</i>	<i>3. Indoor work</i>	<i>4. Prolonged standing etc.</i>	<i>5. Exposed to bad weather</i>	<i>6. Wide changes in temperature</i>	<i>7. Work in damp atmosphere</i>	<i>8. Work in dusty atmosphere</i>	<i>9. Much stooping</i>	<i>10. Work near moving machinery or moving vehicles</i>	<i>11. Work at heights</i>	<i>12. Normally acute vision</i>	<i>13. Normal colour vision</i>	<i>14. Normal use of hands</i>	<i>15. Handling or preparing food</i>	<i>16. Work requiring freedom from damp hands or skin</i>	<i>17. Normal hearing</i>
9	+			+	+	+	+	+	+	+	+						
1		+															
8	+			+					+								
2					+												
2	+			+	+	+	+	+	+								+
3							+										
2				+				+		+	+						
5									+								
7										+	+						
5											+						
4	+			+								+					
1													+				+
1	+	+		+					+	+	+			+			
4	+			+			+		+	+	+						+

Total Children 54

In addition, children were also examined in accordance with the Bye-Laws made under the Children and Young Persons Act, 1933, as amended by the Education Act, 1944, to undertake employment outside school hours. The number examined during the year was 232 and all children were found to be medically fit to carry out the following occupations:—

Shop Assistants	..	..	..	..	..	159
Newspaper delivery	..	..	..	..	..	57
Hairdressers	..	..	..	..	..	3
Others	..	..	..	..	..	13
						232

Astley Burf Camp

As in previous years approximately 40 pupils went to this Camp each week from Monday to Friday throughout the Summer months, boys and girls alternating weekly. They were accompanied by teachers and their classes were held in the open air.

The Camp, which is under the control of the Education Committee, is situated in the open country not far from the River Severn near Stourport.

Where necessary, children are medically examined at school or clinic before going to the Camp School.

The curriculum allows the children attending the Camp School to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. Special recreational activities are arranged in the evening by the teachers in charge of these parties.

Rotary Boys' House, Weston-Super-Mare

We are again indebted to Dudley Rotary Club for providing a free fortnight's holiday for 22 boys at Weston-Super-Mare.

The boys eligible are convalescent or debilitated children or those whose parents would not be able to provide them with a recuperative holiday by the sea. The continuing difficulty experienced over the last year or two in finding boys coming within this category has made it very apparent that the reasons for selecting these children are now more social than medical and this reflects favourably on the health of the school children in Dudley.

Deaths of School Children

Eight deaths occurred in children attending schools maintained by the Authority.

The following are brief details:—

Case 1. A boy aged 15 years.

Acute monocytic Leukaemia.

Case 2. A boy aged 10 years.

Traumatic sub-arachnoid Haemorrhage
Accidental death.

Case 3. A boy aged 16 years.

Shock and haemorrhage due to
fracture of skull and lacerated brain—
Accidental death.

Case 4. A girl aged 14 years.

Disseminated lupus erythematosus.

Case 5. A boy aged 15 years.

Cor pulmonale. Arthrogryposis
multiplex congenita. Hyphoscoliosis.

Case 6. A girl aged 7 years.

Brain injury. Accidental death.

Case 7. A boy aged 14 years.

Brain injuries. Accidental death.

Case 8. A boy aged 13 years.

Chronic Nephritis.

Four of these children who died from causes other than accidental death were known to the School Health Service. Two of them attended Wightwick Hall Residential School for physically handicapped children.

Survey

During the year we co-operated in a survey organised by the National Child Development Study team. 55 children were seen and examined. In each case the parents were interviewed by a Health Visitor and a Parental Interview form completed prior to the physical examination and completion of a medical questionnaire by a Medical Officer.

Medical Examinations of Teachers and Entrants to Courses of Training for Teachers

During the year, 131 candidates were examined for admission to Training Colleges and a medical report completed in each case and forwarded with Forms 4.R.T.C. to the appropriate College Authority. Each candidate agreed to X-ray examination and it was possible to pass all as fit for admission to a course of training.

Entrants to the teaching profession completing an approved course of training continue to be examined by the College Doctor, but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing Authority. These examinations require the completion and forwarding of Form 28 RQ together with the medical report to the Ministry of Education and an X-ray examination is compulsory. During the year, 36 medical reports were completed and all candidates were successful in passing the medical and X-ray examination.

**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH
INSPECTOR AND CLEANSING SUPERINTENDENT FOR
THE YEAR ENDED 31st DECEMBER, 1969**

To the Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

During the post-war period there has been a steady outpouring of new legislation affecting the work of Public Health Inspectors. Some of it has come by way of Acts of Parliament, and some by way of Regulations, but no matter how the changes have been made the effects are the same. These are additional work, greater responsibility, and a continuing need to learn and interpret the new requirements.

New legislation is also, quite properly, requiring higher standards in offices, shops, food establishments, and houses. There are also requirements for improvements in external environment through reduction of noise and atmospheric pollution, whilst improvement areas are now to include environmental improvement externally as an addition to house repair and internal improvement. With all these matters the Public Health Inspector is more and more concerned with an ever widening responsibility in the care and control of environmental conditions.

Too often one finds that progress goes by without recognition, and therefore without comment. My opening remarks for the annual report are always written when the report is complete, and having re-read the report and appreciated the year for which it is a record I am reminded of many things, and feel I must comment on some of them.

My first annual report for the County Borough was in connection with the work done in 1945. I had made extensive tours of the area, and had seen the needs which existed and realised the responsibilities resting on me. Arrangements were made for most of the worst slum areas to be first listed and then surveyed and photographed. This was followed by the representation of areas for clearance—some quite extensive such as the Gas Works areas, the Old Dock and New Dock areas, plus areas in Netherton, Windmill End, Kates Hill, and so on. Housing conditions were extremely bad with common courts containing outside water taps and sanitary accommodation. In some instances one tap might serve twenty houses, and one W.C. had to serve up to twelve houses

There were private slaughterhouses in the most unlikely places, and ice cream manufacturers in abundance. Factory chimneys put out large quantities of black smoke and grit and dust was almost a symbol of success from certain industries. There are still black spots, but tremendous progress has been made. The clearance of unfit houses is almost at an end, and priority is being

given to repair and improvement. Atmospheric pollution has been diminished, although it is a disappointment that smoke control progress has decelerated. There are still a few private slaughterhouses, but these are likely to remain for some considerable time.

In any survey of the Borough one can see large scale improvements in the environment, and although there is still much to do, the degree of improvement is considerable.

The annual report which is before you is again a record of the work done in the department. It is the result of team work by all the members of the staff, and to them I express my sincere appreciation.

I would also like to thank all members of the Committee for their kindness and co-operation during the year, and particularly the Chairman, Councillor J. D. Kendall, whose helpful consideration I have had in good measure.

I am, Ladies and Gentlemen,

Yours obediently,

W. PARKER

Chief Public Health Inspector
and Cleansing Superintendent

INSPECTION OF MEAT

The following table gives particulars of carcasses and organs unfit for consumption and tabulates causes for condemnation.

Carcasses Inspected and Condemned

	<i>Cattle</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	5,920	294	15	30,114	14,167
Number inspected	5,920	294	15	30,114	14,167
All diseases except tuberculosis and cysticerci:—					
Whole carcasses condemned ..	2	—	—	3	1
Carcasses of which some part or organ was condemned ..	813	15	—	1,460	1,180
% of the number inspected affected with disease other than tuberculosis and cysticerci	13.73%	5.1%	—	4.85%	8.32%
Tuberculosis only:—					
Whole carcasses condemned ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	—	—	—	—	65
% of the number inspected affected with tuberculosis ..	—	—	—	—	0.42%
Cysticercosis:—					
Carcasses of which some part or organ was condemned ..	2	—	—	—	—
Carcasses submitted to treatment by refrigeration	2	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Meat Condemned

	<i>Cattle</i>	<i>Cows</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Carcasses	2	—	3	1	6
Livers	563	11	1,420	691	2,685
Lungs	375	1	40	699	1,115
Plucks and Frys	—	—	30	216	246
Heads	7	3	1	70	81
Kidneys	5	—	—	4	9
Hearts	8	—	4	44	56
Hocks	—	—	—	9	9
Spleens	2	—	—	4	6
Cheeks	1	—	—	—	1
Udders	—	1	—	—	1
Legs	—	—	3	3	6
Feet	—	—	—	4	4
Breast	—	—	1	—	1
Tongues	3	—	—	—	3
Ribs	1	—	—	—	1
Intestines	—	—	—	2	2
Part Carcasses	—	—	2	—	2
Hindquarters	1	1	—	—	2

DISEASES

	<i>Cattle lbs</i>	<i>Cows lbs</i>	<i>Sheep lbs</i>	<i>Pigs lbs</i>	<i>Total lbs</i>
Abscesses	3,600	89	12	193	3,894
Actinomycosis	70	60	—	—	130
Actino Bacillosis	108	—	—	—	108
Arthritis	—	—	—	20	20
Bruising	42	—	36	27	105
Cirrhosis	122	—	2	2,178	2,302
Congestion	—	—	3	105	108
Cysticercosis	62	—	—	—	62
Distomatosis	3,001	110	3,040	—	6,151
Fatty Infiltration	15	—	—	—	15
Gangrene	20	—	—	—	20
Haematoma	—	—	—	1	1
Hydatids	479	43	72	75	669
Mastitis	—	10	—	—	10
Melanosis	14	—	3	—	17
Natural death	—	—	225	—	225
Necrosis	28	—	—	—	28
Nephritis	2	—	—	—	2
Oedema	500	50	—	—	550
Pericarditis	15	—	4	90	109
Peritonitis	24	—	33	61	118
Pleurisy	2,722	—	10	426	3,158
Pneumonia	104	—	30	1,750	1,884
Pyæmia	—	—	—	8	8
Septicæmia	—	—	—	86	86
Telangiectasis	14	—	3	—	17
Tuberculosis	—	—	—	707	707
Tumours	4	—	—	—	4

Total weight of meat condemned—9 tons 3 cwts 110 lbs.

Visits to slaughterhouses—3,267

Disposal of Condemned Food

Meat offal and tinned foods are disposed of by incineration at Lister Road Depot. Carcase meat, after staining, is sold to a firm of fertiliser manufacturers.

Poultry Inspection

There are no poultry processing premises within the Borough.

SUPERVISION OF FOOD PREMISES

The following visits were made to food establishments during the year:—

General food shops	398
Food preparing premises subject to registration	53
Canteens	317
Restaurants	225
Fried fish premises	145
Butchers	115
Licensed premises	239
Licensed premises with catering facilities ..	91
Bakehouses	110
Food vehicles and stalls	94
Other food preparing premises	143

As a result of these visits 218 notices have been served and 130 notices complied with. 39 premises were brought up to the standard required by the Food Hygiene Regulations.

Premises registered under Section 16 of the Food and Drugs Act, 1955:—

Premises registered for the preparation or manufacture of sausages only	7
Premises registered for the preparation or manufacture of potted, pickled, or preserved food	29
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food	8

333 premises are registered under Section 16 (1) (b) and are classified as follows:—

Premises registered for the manufacture of ice cream	9
Premises registered for the sale and storage of ice cream	324

During the year 228 visits were made by Inspectors to registered ice cream premises for inspection purposes or the procuring of samples for bacteriological examination or for chemical analysis.

INSPECTION OF OTHER FOODS

During the year the District Inspectors have made 710 visits to food premises for the purpose of food inspection other than meat inspection.

Food Condemned:

	Total		Total
Baby Foods (tins) ..	147	Milk Powder (lbs) ..	125
Baby Foods (boxes) ..	241	Mincemeat (jars) ..	6
Baby Foods (jars) ..	12	Mousse, frozen (pkts)	421
Baked Beans ..	202	Mustard (jars) ..	5
Biscuits (pkts.) ..	83	Olives (jars) ..	2
Butter (lbs) ..	12	Olive Oil (bottles) ..	5
Cakes (pkts.) ..	83	Pastry, frozen (pkts.) ..	180
Cereals	57	Pearl Barley (pkts.) ..	1
Cheese (boxes) ..	84	Pepper (boxes) ..	3
Cheese (lbs) ..	229	Pet Food (lbs) ..	11
Chips, frozen (pkts.) ..	181	Pie Fillings (tins) ..	64
Chicken roll (tins) ..	108	Pies (tins) ..	221
Chocolate drinks (boxes)	16	Pork Pies (individual) ..	180
Chocolate drinks (lbs) ..	205	Pickles (jars) ..	128
Coffee (lbs) ..	1262	Potatoes (tins) ..	32
Cream (tins) ..	361	Potatoes (instant) (lbs)	42
Crisps (pkts.) ..	36	Puddings (tins) ..	268
Curry (tins) ..	23	Rice pudding (tins) ..	31
Custard Powder (lbs) ..	68	Ready Dinners ..	32
Dried Fruit (pkts.) ..	30	Sauces (tins-lbs) ..	35
Drinks (assorted tins) ..	1942	Sauces (jars) ..	6
Drinks (assorted lbs) ..	71	Sauces (bottles) ..	132
Fat (lbs) ..	25	Sausage rolls (pkts.) ..	12
Fish (tins) ..	209	Snack meals (tins) ..	2592
Fish, frozen (pkts.) ..	1477	Soup (tins) ..	4230
Fish & Chips (frozen pkts)	14	Soup (pkts.) ..	149
Flour (lbs) ..	6	Spaghetti (tins) ..	44
Fruit (tins) ..	1115	Spreads (assorted jars)	96
Fruit juice (cans) ..	116	Stock cubes (pkts.) ..	61
Gherkins (jars) ..	7	Sweets (pkts) ..	243
Ham roll (tins) ..	13	Syrup (tins) ..	1
Honey (jars) ..	3	Tea (lbs) ..	3
Jam (jars) ..	130	Tea (instant) (pkts.) ..	1229
Lentils (pkts.) ..	1	Tomatoes (tins) ..	381
Macaroni (tins) ..	6	Unlabelled tins ..	9
Marmalade (jars) ..	59	Vegetables (tins) ..	1038
Meat (lbs) ..	1137	Vegetables (froz.) (pkts.)	1145
Meat (tins) ..	524	Vegetables (cases) ..	10
Meat (frozen) (pkts.) ..	670	Yoghurt (cartons) ..	192
Milk (evaporated) (tins)	689		

The actual samples taken during the year were as follows:—

<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>	<i>Commodity</i>	<i>In- formal</i>	<i>For- mal</i>
Alcoholic drinks ..	5	—	Lollies	1	—
Baby Foods	2	—	Marzipan	1	—
Beer	2	—	Meat	1	—
Beverages	6	—	Meat (canned)	13	—
Biscuits	2	—	Meat products	12	—
Bread	2	—	Milk	2	—
Butter	2	—	Milk (canned)	2	—
Cheese	7	—	Non-brewed condiment	4	—
Coconut	1	—	Pasta	2	—
Confectionery	7	—	Preserves	5	—
Cooking oils	4	—	Rice	6	—
Cream	4	—	Puddings	8	—
Curry	1	—	Pies	10	—
Custard Powder etc. ..	3	—	Sausages	10	—
Drugs	174	—	Soft drinks	14	—
Fish	1	—	Soup	3	—
Fish products	1	—	Spices	15	—
Fish (canned)	4	—	Spirits	—	11
Flour	5	—	Spreads	3	—
Food colours	9	—	Sugar Substitutes	2	—
Food flavours	15	—	Sweets	11	—
Fruit (canned)	2	—	Vegetables (canned)	7	—
Fruit (dried)	8	—	Vegetables (dried)	5	—
Ice Cream	6	—	Vegetables (frozen)	1	—
Jellies	5	—	Yogurt	1	—

SAMPLING FOR CHEMICAL ANALYSIS

During the year 11 formal samples of food, 243 informal samples of food and 174 informal drugs were taken. Adverse reports were received on 13 samples, details of which are as follows:—

<i>Name of Article</i>	<i>Result of Analysis</i>	<i>Remarks and action taken</i>
Beef Patty	Unsatisfactory. Total meat 15%. Should contain at least 20.8% meat.	Letter sent to Manufacturer. Further sample taken proved satisfactory.
Dicophane	Unsatisfactory. Not contained in coloured fluted bottle and labelled "for external use only."	Chemist made aware of comments. Error made in supplying the sample.
Grape Soda	No fruit present. Should be described as "grape flavoured soda" or "grapeade."	Letter sent to Manufacturer. No further supplies available in area.
Zinc and Ichthamol Cream	Unsatisfactory. Not labelled "for external use only."	Chemist made aware of comments. Error made in supplying sample.
Black Wax Cheese	Unsatisfactory. Should be described as Full fat hard cheese.	Re-labelling instituted.
Cochineal Food Colour	Not labelled in accordance with the Colouring Matter in Food Regulations.	Agreement reached with Manufacturer over new labels.
Grape Soda	Unsatisfactory. No significant amount of fruit present. Should be described as "grape flavoured soda" or "Grapeade."	Letter sent to Manufacturer. Re-labelled.
Rum	Unsatisfactory. Alcohol 69.3% Proof Spirit slightly low.	Letter sent to Brewery.
Shandy	Unsatisfactory. 0.8% proof spirit. In my opinion Shandy should contain at least 1.5% proof spirit.	Agreement reached with Manufacturer for increase in alcohol content.
Blackcurrant Syrup B.P.C.	Unsatisfactory. Ascorbic acid 0.02% w/w. Should be not less than 0.055% w/w/.	Pharmacist contacted and stock disposed of.
Chocolate Christmas Decorations	Unsatisfactory. Consisted of chocolate substitute made from palm kernel oil product.	Appears mistake made by retailer in sale of article. No further action taken.
Compound Calamine Application B.P.C.	Unsatisfactory. Should be dispensed in coloured fluted bottle and labelled "for external use only."	Retailer informed. Shortage of bottles due to changeover to metric.
Solution of Benzoic Acid B.P.C.	Unsatisfactory. Contained 5.8% Benzoic acid B.P.C. Standard—4.73—5.28%.	Manufacturer compounded this drug to previous B.P.C. specification which was in operation at the time of manufacture.

MILK AND DAIRIES (GENERAL) REGULATIONS 1959

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1963

The number of premises registered under the Milk and Dairies Regulations at the end of the year 1969 was 7.

Dealers licences in force under the Milk (Special Designations) Regulations, 1963 were as follows:—

Pasteurised	..	..	..	..	69
Sterilised	..	..	..	..	279

At the end of 1969 there were 304 milk distributors registered with the Local Authority.

MILK SUPPLIES—BRUCELLA ABORTUS

No raw milk is sold in the Borough and sampling for this organism was therefore unnecessary.

BACTERIOLOGICAL EXAMINATION OF MILK

<i>Designation</i>	<i>Total Number of samples taken</i>	<i>Methylene Blue Tests</i>		<i>Phosphatase Tests</i>		<i>Turbidity Tests</i>		<i>Colonies per 1 ml of milk</i>
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	
Sterilised ..	24	—	—	—	—	24	—	— Nil (Satisfactory)
U.H.T. ..	2	—	—	—	—	—	—	
Pasteurised	49	49	—	49	—	—	—	
Totals ..	75	49	—	49	—	24	—	—

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants in the County Borough affected by these Regulations.

FOOD AND DRUGS ACT, 1955

LABELLING OF FOOD ORDER, 1953

Four samples of food were found to be unsatisfactorily labelled. The Manufacturers in each case agreed to re-label their products.

ICE CREAM AND ICED LOLLIPOPS

During the year 191 samples of ice cream and 12 iced lollipops were submitted for bacteriological examination. 6 samples of ice cream were considered unsatisfactory and required further investigations. Some of these were from retailers who purchased their supplies from outside this Local Authority area. Liaison with the neighbouring authority produced the necessary result.

Mobile ice cream vehicles are by far the largest outlet for ice cream. Sampling and inspection of vehicles and plant has had an effect on maintaining standards.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

<i>Provisional Grade</i>	<i>Soft Ice Cream</i>	<i>Ice Cream Mix</i>	<i>Hard Ice Cream</i>
1	49	78	31
2	4	16	7
3	4	1	—
4	—	1	—
Totals	57	96	38

COMPLAINTS REGARDING UNFIT OR CONTAMINATED FOOD

312 visits were made during the year investigating 57 complaints of unfit food or food not of the nature, substance or quality demanded by the purchaser.

In 5 instances successful legal proceedings were instituted with the following results :—

1. A retailer fined £10 for the sale of rancid baby food.
2. A retailer/baker fined £20 for the sale of a loaf containing a metal bolt.
3. A retailer/baker fined £15 for the sale of a mouldy loaf.
4. Retailer/Dairy Company fined £20 and £3 10s. 0d. costs for sale of a bottle of pasteurised milk in a dirty bottle.
5. A retailer fined £20 for the sale of mouldy sausage rolls.

Nature of Complaint

Mould, Sour, Rancid	24
Insects	6
Various objects	7
Wrong designation	1
Etching or leaking tins	4
Oiled dough in bread	3
Dirty milk bottles	2
Insufficient evidence or complaint not justified	8

Stocks held too long by retailers is undoubtedly the greatest single source of complaint. In packaged goods this often gives rise to mould. Correct stock rotation by the retailer is essential to prevent such complaints.

Various objects were found in foodstuffs some of which are itemised below. Not all extraneous matter is easy to identify. A complaint of small pieces of silver paper in a fruit jelly was merely air bubbles, and a complaint of glass in cheese, crystallised emulsifying salts.

Selection of objects found in foodstuffs :—

1. Glass in a milk bottle from defective capping.
2. Piece of cloth in a loaf of bread.
3. Metal bolt in bread. This was identified as a part of equipment which had been dismantled in the factory during a breakdown.
4. Matchstick in Prawn Chow Mein.
5. Paper wrapping in dried stuffing.
6. Clothes peg in a bottle of milk.
7. String in stringless beans.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

Sample	No. Taken	No. Unsatisfactory
Flour confectionery with cream ..	3	1
Fresh Cream	8	1
Imitation Cream from plant	40	—
Imitation Cream from other sources	8	—
Fish Cakes	2	—
Mussels	5	—
Chicken portions	4	—

From the above list it will be seen that one sample of Fresh Cream and one Cream cake were unsatisfactory. In each case the firms were contacted. During the year it was noted that a gradual build-up in the colony count in Imitation cream from a plant occurred. After complete stripping of plant and renewing washers, samples taken direct from the plant were sterile.

FOOD AND DRUGS ACT, 1955

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The number of premises in the Borough affected by these regulations are as follows:—

<i>Premises</i>	<i>Number</i>	<i>Wash hand basins provided in accordance with Regu- lation 17</i>	<i>Premises to which Regulation 19 apply</i>	<i>Premises provided with sinks in accor- dance with Regulation 19</i>
Fried Fish	71	71	71	71
Restaurants, Cafes and Snack Bars	55	55	55	55
Licensed premises—full catering	29	29	29	29
Licensed premises only ..	307	307	307	307
Large canteens and clubs	140	140	140	140
Registered ice cream manufacturers	7	7	7	7
Registered sausage manufacturers	8	8	8	8
Registered sausage and potted and preserved meat manufacturers ..	8	8	8	8
Registered potted, pickled or preserved food manu- facturers	32	32	32	32
Bakehouses	12	12	12	12
Slaughterhouses	10	10	10	10
General food shops ..	321	321	321	321
Butchers	132	132	132	132
Grocers	90	90	90	90
Greengrocers	80	80	80	80
Wet fish shops	14	14	14	14
Confectioners	39	39	39	39
Licensed premises ..	334	334	334	334

HOUSING

The most important event in this field during the year was the introduction of the Housing Act, 1969 with its innovations affecting grants, rents, improvement areas, houses in multiple occupation and property repairs. Some of the changes are undoubtedly for the better, and I am sure that the policy of preserving our older houses by means of higher grants is economically sound. The extension of Section 9 of the 1957 Act now making it possible to require substantial repairs to a dwellinghouse is long overdue and will enable the Local Authority to deal particularly with those grant aided properties which have been neglected since improvement. At the same time it will obviate the age old argument as to what is reasonable expense.

In common with other members of my profession I am sceptical about the lack of compulsory powers to secure area improvement. The new system has to be tried, and in fact an area comprising some 400 houses has already been surveyed and accepted in principle by the Health Committee. The long process of public participation, meetings and inducing owners to improve and repair voluntarily now confronts my department. I hope I am not being unduly pessimistic, but I feel that Local Authority officers will face a long and frustrating task in the implementation of the new system.

Applications for Qualification Certificates are dealt with by my department, and a workable system has been set up involving close liaison with the Rent Officer. It must be recorded, however, that the higher rent level now possible has resulted in the withdrawal of several tenant representations for improvement.

During the year my department assumed responsibility for the implementation of the improvement grant system. This function is administered by the housing section of the department, and I feel that the personal approach now used in this work cannot help but have beneficial results in the long term.

The position at the end of the year in respect of those dwellings dealt with in Clearance Areas was as follows:—

1. Outstanding from the representation stage:—

Rosehill, Quarry Bank	..	1 area involving	5 unfit houses
The Ridgeway, Sedgley	..	1 area involving	9 unfit houses
Vicarage Road West, Coseley		1 area involving	7 unfit houses
High Street, Wallheath	..	1 area involving	4 unfit houses
Brockmoor, Brierley Hill	..	5 areas involving	54 unfit houses
Fenton Street, Brierley Hill		7 areas involving	81 unfit houses
Bank Street, Brierley Hill	..	4 areas involving	19 unfit houses
Pearson Street, Brierley Hill		1 area involving	4 unfit houses

2. The Council made the following Orders during 1969:—
Caddick Street, Coseley, Compulsory Purchase Order
involving 10 unfit houses
West Street, Lower Gornal, Compulsory Purchase Order
involving 7 unfit houses
3. The following Orders were confirmed during 1969 with the results as shown:—

	Represented	Confirmed
Lower Gornal Compulsory Purchase Order	103	101
Ruiton Street Clearance Order ..	11	11
Caddick Street Compulsory Purchase Order	10	10
Baptist End Clearance Order ..	17	17
Baptist End Compulsory Purchase Order	44	43
Bilston Street Compulsory Purchase Order	22	22

Demolitions

During the year 226 unfit properties included in Clearance Orders or Compulsory Purchase Orders were demolished. A further 107 fit houses in Compulsory Purchase Orders, and 87 properties subject to Demolition Orders were demolished. The total properties demolished in the year was 420.

Rehousing

1,045 lettings became available during the year, and this figure excludes any properties utilised for exchange or transfer purposes.

The lettings can be classified as follows:—

New houses	..	..	..	332
Re-lets	..	..	..	713

Of this total 246 were allocated to families living in unfit properties of all categories. A further 18 families were rehoused from fit properties in Compulsory Purchase Orders, making a final total of 264 families rehoused.

Individually Unfit properties

Number of Closing Orders made (Section 17)	..	30
Number of Demolition Orders made (Section 17)	..	96
Number of Closing Orders made (Section 18)	..	1
Number of houses demolished during the year follow- ing Demolition Orders	.. .. ..	87
Number of houses made fit and Orders rescinded	..	4

Number of persons displaced :—

(a)	individuals	..	..	..	556
(b)	families	..	..	..	241

Housing Visits

The following visits were made during the year:—

Clearance Area inspections	..	..	..	..	207
Individually unfit inspections	..	..	..	..	139
Clearance Area re-inspections	..	..	..	..	237
Individually unfit re-inspections	..	..	..	..	149
General inspections	..	..	..	..	460
Improvement Area visits	..	..	..	..	655
Improvement grant visits	..	..	..	..	967
Housing visits for medical reasons	..	..	..	..	68
Dangerous structures	..	..	..	..	35
Miscellaneous	..	..	..	..	693
Mapping visits	..	..	..	..	78
Rent Act visits	..	..	..	..	6
Houses in mortgage to the Corporation	..	..	..	..	20
Visits where no access gained	..	..	..	..	563

Land Charge Searches

During the year enquiries were made with regard to 3,169 applications for official searches.

Housing Act, 1964

Improvement of Houses by Improvement Area procedure

Improvement Grants

STANDARD

	Owner-Occupiers Standard 5 point	Tenanted Standard 5 point
1. Number of applications received ..	—	—
Number of applications approved	107	38
Number of applications refused ..	—	—
2. Number of dwellings improved ..	110	39
3. Amount paid in grants	£17,950	£6,365
4. Average grant per house	£163	£163
5. Number of amenities provided:—		
(a) fixed bath	89	31
(b) shower	—	—
(c) wash hand basin	91*	32
(d) hot water supply (to any fittings)	96	34
(e) water closet—		
within dwelling	94	33
accessible from dwelling	—	—
(f) foodstores	56	20
(g) sinks	—	—

DISCRETIONARY

	Owner- Occupiers	Tenanted
1. Number of applications received	—	—
2. Number of applications approved	1	12
3. Number of applications refused ..	—	—
4. Number of dwellings improved ..	5	13
5. Amount paid in grants	£1,475	£4,685
6. Average grant per house	£295	£353

Housing Act, 1964—Improvement Areas

1. Number of—						
1. Areas (a) surveyed	..	..	..	..	..	Nil
(b) declared	..	..	..	..	..	Nil
2. Houses to be improved—						
(a) full standard	..	..	..	..	..	Nil
(b) reduced standard	..	..	..	..	..	Nil
3. Preliminary notices served	..	..	..	..	..	Nil
4. Undertakings accepted	..	..	..	..	..	Nil
5. Immediate improvement notices served	..	..	..	..	..	2
6. Suspended improvement notices served	..	..	..	..	..	Nil
7. Final improvement notices served	..	..	..	..	..	5
8. Dwellings improved—						
(a) full standard	..	..	..	..	..	22
(b) reduced standard	..	..	..	..	..	Nil
9. Dwellings improved by Local Authority in default—						
(a) full standard	..	..	..	..	..	Nil
(b) reduced standard	..	..	..	..	..	Nil

Dwellings outside improvement Areas—**Number of—**

1. Representations made by tenants	..	..	..	..	13
2. Preliminary notices served	..	..	..	..	16
3. Undertakings accepted	..	..	..	..	Nil
4. Immediate improvement notices served	..	..	..	..	19
5. Such dwellings improved—					
(a) full standard	..	..	..	..	37
(b) reduced standard	..	..	..	..	Nil

HOUSES IN MULTIPLE OCCUPATION

The routine of regularly visiting houses known to be in multiple occupation continued during the year.

Routine work may be boring to the Inspectors concerned, but is nevertheless an important foundation stone of control. The overall position has remained fairly static, although it is noticeable that there is a continuing trend for immigrants to provide their own accommodation within their own population clusters, which, together with the Housing Department's general needs scheme is gradually reducing the overall level of occupancy in multiple occupation.

The Housing Act, 1969, brought about certain changes to already complicated legislation, but it is nevertheless pleasing to see the disappearance of the Notices of Intention before making Management Orders, because there is no doubt that Management Regulations should quickly be applied to remedy neglect of proper standards. There is, in my opinion, a sound argument for the removal also of the notices of intention before making a Direction Order. It is surely as important to accelerate the procedure to deal with over occupancy. The definition of houses in multiple occupation has yet to be tested, but its interpretation seems to me to present as many problems as the definition it replaces.

The table below sets out in detail the present position in the Borough so far as it affects houses in multiple occupation—

1. Total number of houses known to be in multiple occupation	130
2. Number of houses estimated to need attention under Housing Act, 1961	110
3. Number of houses on which notices of intention have been served for—	
(a) Management Orders (Section 12) ..	4
(b) Directions on overcrowding (Section 19)	16
4. Number of houses on which have been made—	
(a) Management Orders	4
(b) Directions on overcrowding	16
5. Number of notices served—	
(a) to make good neglect of proper standards of management (Section 14) ..	1
(b) to require additional services of facilities (Section 15)	Nil
(c) where work has been carried out in default	Nil

6. Number of prosecutions since passing of Housing Act, 1961 in respect of—	
(a) management	2
(b) directions	4
(c) overcrowding (Section 90 Housing Act, 1957)	2
7. Number of control orders made (Housing Act, 1964) ..	Nil
8. Number of control orders terminated	Nil
9. Number of notices under Section 90 (Housing Act, 1957)	2

378 inspections and 432 re-inspections were made during the year.

SANITARY ADMINISTRATION

Particulars of Inspections

During the year 547 inspections and 578 re-inspections were made under the Public Health Act, 1936.

The number of preliminary notices served was 138 and the number complied with was 60. Statutory notices numbered 11 and 11 were complied with.

DOMESTIC WATER SUPPLY

The supply to the County Borough of Dudley is derived from pumping stations situated outside the boundaries of the Authority. Chlorination is practised in all cases.

During 1969, 1,045 samples of chlorinated water were examined, 1,043 of which were free from coliform bacteria.

257 samples of raw water were also examined, 255 of which were free from coliform bacteria.

97 samples of raw water prior to treatment at Hampton Loade gave an average coliform bacteria content of 130 per 100 ml. and 52 from Sandfields gave an average of 38 per 100 ml.

None of the supplying stations contain any significant amount of naturally occurring fluoride. The fluoride content at Coseley in 1969 was 0.07 p.p.m., at Dudley 0.03 p.p.m., and at Netherton 0.07 p.p.m.

Samples were examined within the County Borough from:—

- Cawney Hill Reservoirs Nos. 1 and 2
- Sedgley Tanks Nos. 1 and 2
- Sedgley Reservoir
- Shavers End Reservoirs Nos. 1 and 2
- Shavers End Repumping station
- Springsmire Reservoir
- Turners Hill Tank
- The Library, Brierley Hill
- Bayer Hall, Coseley
- 44, Abberley Street, Dudley
- 12, Oak Street, Kingswinford
- Watermans House, Netherton
- Watermans House, Sedgley.

99 out of 111 samples from the reservoirs and tanks were free from coliform bacteria, as were 11 samples from Shavers End Repumping station.

11 tap samples from Brierley Hill, 17 from Coseley, 12 from Dudley, 11 from Kingswinford, 12 from Netherton and 11 from Sedgley were all free from coliform bacteria.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantities of lead.

MAINS WATER SUPPLY

20 samples of mains water have been taken for analysis. All were satisfactory. Samples taken from the two wells operated privately in the Borough were satisfactory.

WATER SUPPLY

No. of premises (excluding Council Houses) having a private water supply (estimated)	..	..	46,413
Council Houses	..	..	27,244
No. of premises having common water supplies (estimated)	..	..	870

SEWERAGE AND SEWAGE DISPOSAL

The new Roundhill Works, which is estimated to cost £1,5000,000 which was mentioned in my last report is still under construction and is expected to be completed during 1971.

The Upper Stour Main Drainage Authority have appointed consulting engineers to design major extensions to the Freehold and Caledonia Works at Lye. These works receive sewage from Netherton and Quarry Bank areas of Dudley.

A scheme has also been prepared for a duplication of sewers in the Lower Gornal area and construction of these should be commenced in 1970.

INFECTIOUS DISEASE

4,286 visits were made during the year. This increase was largely due to an extensive outbreak of gastro-enteritis involving large numbers of school children and contacts.

RODENT CONTROL

Two sewer treatments were carried out during the year. The following is a table of work carried out under this heading during the year—

	Type of property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	70,961	18
2. (a) Total number of properties (including nearby premises) inspected following notification	1,584	
(b) Number infested by (i) rats	1,089	—
(ii) mice	232	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	—	—
(b) Number infested by (i) rats	—	—
(ii) mice	—	—

FACTORIES ACT, 1961**PART 1 OF THE ACT**

1.—Inspections for purposes of provisions as to Health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	99	60	9	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	571	243	40	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	8	—	—	—
Total	678	303	49	1

2.—Cases in which DEFECTS were found—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	by H.M. Inspector (5)	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(a) Insufficient	3	—	—	1	—
(b) Unsuitable or defective..	42	—	1	12	—
(c) Not separate for sexes ..	4	—	—	1	—
Other offences against the Act (not including offen- ces relating to outwork) ..	—	—	—	—	—
Total	49	—	1	14	—

PART VIII OF THE ACT**Outwork****(Sections 133 and 134)**

<i>Nature of Work</i> (1)	<i>No. of outworkers in August list required by Section 133(1) (c)</i> (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of prosecu- tions for failure to supply lists</i> (4)	<i>No. of instances of work in unwhole- some premises</i> (5)	<i>Notices served</i> (6)	<i>Prose- cutions</i> (7)
Carding of buttons etc.	137	—	—	—	—	—

SMOKE CONTROL ORDERS

During the year three Orders became operative, and a further three Orders were confirmed by the Ministry.

When the three confirmed Orders are operative this will bring a further 2,982 houses and 136 industrial and commercial premises under smoke control. The land covered by the three orders is 619 acres. When these three Orders are operative, 6,822 acres and 32,043 houses within the Borough will be covered by Smoke Control Orders.

Claims for grants totalling £31,742, 10s. 5d. were approved for payment in 1968.

The following visits were made during 1968 to Smoke Control Areas or propped areas—

Number of visits re survey	..	..	..	..	2,503
Number of visits in confirmed areas	..	..	..	..	2,149
Number of visits in operative areas	..	..	..	..	346
Number of visits to advise householders	..	..	..	..	347
Adaptations completed	..	..	..	..	1,017

It is eleven years since the first Smoke Control Order was made in Dudley, and in that time a little over half the dwellings in the Borough have been covered by Orders. This is quite a good record, and shows steady progress towards the target of providing and maintaining a cleaner atmosphere for the inhabitants of Dudley. However, if the present policy of cutting back on the Smoke Control programme continues even the modest target of covering the entire Borough with Smoke Control Orders will, in my opinion, be unduly prolonged.

During the winter there was almost continual reference to the alleged shortage of solid smokeless fuels. Most of the criticism was that the type of fuel which residents required could not be obtained at short notice, and there was to this extent undoubtedly a shortage of certain types of fuel, but not an overall shortage of all types.

It cannot be too strongly emphasised that the introduction of Smoke Control Orders reduces the amount of solid smokeless fuel required in the Orders made. From an analysis which I have made of recent Orders in which adaptations have been completed over half the householders in private dwellings have changed over either to gas or electric forms of heating, and in Council properties whilst the change over has not been so great, many of the tenants have elected to have gas or electric fires installed. There is every reason to suppose that the proportion of householders discontinuing the use of solid smokeless fuel will increase, and for this reason alone a vigorous policy of smoke control Orders would lessen the criticism which was experienced in the latter part of 1969.

INDUSTRIAL AIR POLLUTION

During the year the Clean Air Act, 1968 was brought into force. This Act amends and re-inforces the Clean Air Act, 1956. It gives greater control over the height of chimneys, particularly where an existing chimney is used for a new furnace. It also prohibits the emission of dark smoke from industrial or trade premises. Previous legislation referred to the emission of dark smoke from chimneys. This section will extend the prohibition to such things as the burning of tyres or car bodies in the open.

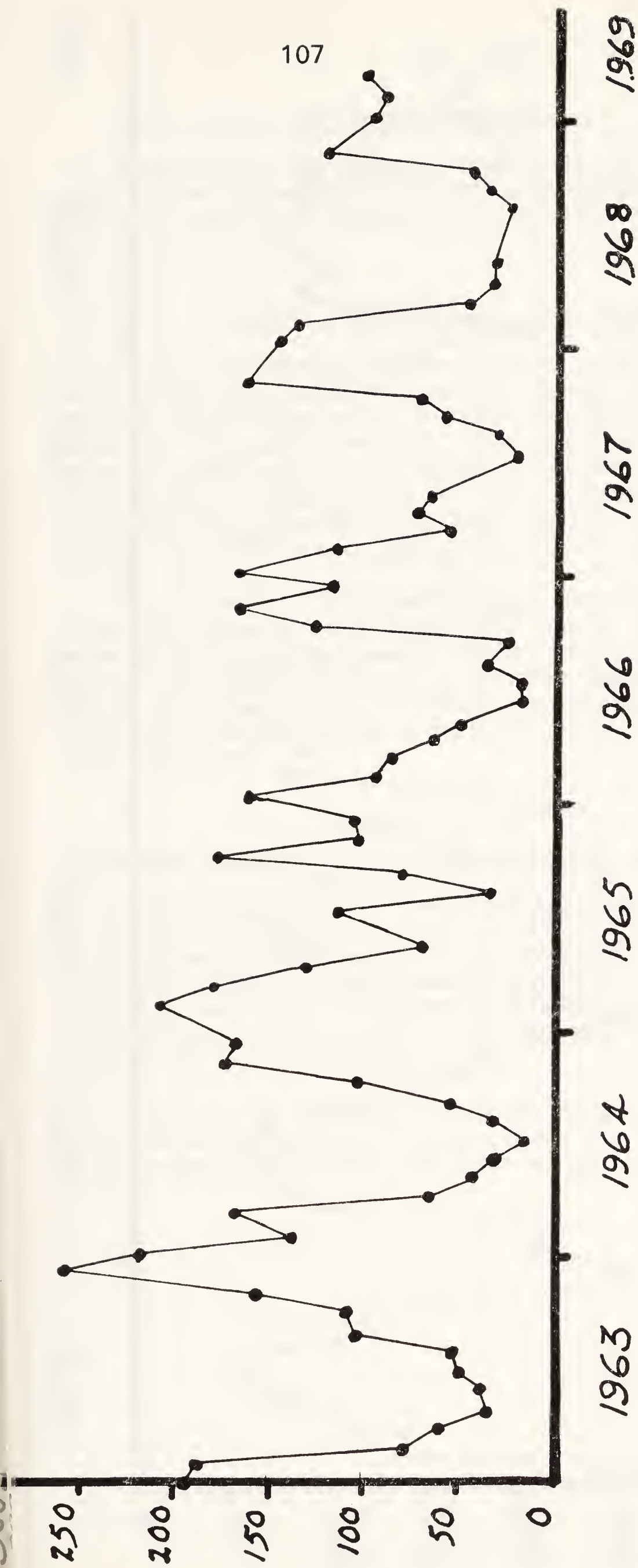
Sections 1, 5 and 16 of the principal Act will no longer apply to premises registered under the Alkali Act. This means that Local Authorities can no longer apply to the Minister for permission to take action in relation to dark smoke, grit and dust emissions and smoke nuisances arising from registered premises. The responsibility will lie completely with the Alkali Inspector. I would add that the occasion has never arisen when the need to invoke this power was felt. There has always been close liaison between ourselves and the Alkali Inspectorate.

816 observations were made of smoke from industrial chimneys, as a consequence of which 379 visits were made to various premises. In addition 201 visits were made with regard to the emission of grit and dust.

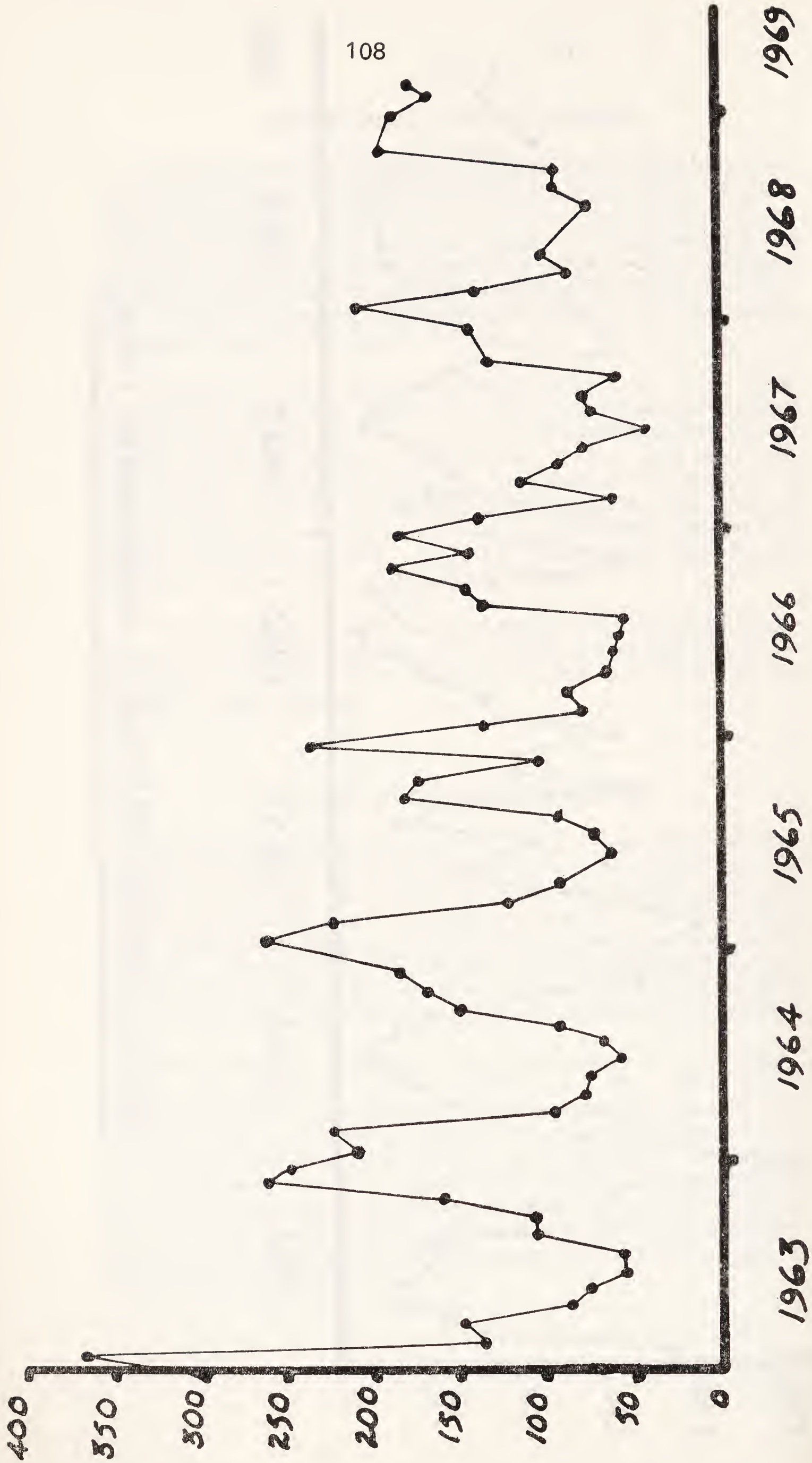
AIR POLLUTION RECORDING

The graphs shown are of the Coseley (Roseville) site, and show the trends in atmospheric pollution. The figures for the Brierley Hill site are very similar, and those for the sites at Kingswinford and Sedgley are lower being situated in smoke control areas on the edge of the conurbation and further away from heavy industry. The trends both for smoke and sulphur dioxide show a gradual but consistent improvement. This is particularly pleasing as the consumption of fuel generally has increased over the period.

The weather is, of course, the greatest single factor in determining change in atmospheric pollution at a site. While Town Planning has had its effect by the re-location of industry, the causes for the improvement were in the main anticipated when the Clean Air Act reached the Statute Book in 1956. These were the establishment of smoke control areas, the more efficient use of fuel by industry by the banning of dark smoke from existing furnaces, and the requirement that new furnaces should be smokeless in operation, the control of chimney heights, and the regulation of grit and dust emissions.



SMOKE CONCENTRATION - MICROGRAMS / C.M.



SULPHUR DIOXIDE CONCENTRATION - MICROGRAMS Cu/m^3

CHIMNEY HEIGHTS

Consideration was given to heights of 10 proposed new chimneys, and agreement to comply with the Memorandum on Chimney Heights was obtained in all instances.

NOISE ABATEMENT ACT, 1960

Twenty complaints have been received, and 376 visits were made in connection with investigations. It was necessary for one statutory notice to be served to secure the abatement of a noise nuisance. The notice required either extensive works to the premises to reduce the noise to an acceptable level or the cessation of production at night and on Sundays. After employing a firm of Noise Consultants to advise them the firm concerned have adopted the latter course in complying with the notice.

The majority of complaints received concerned noise from industrial processes. Complaints also concerned such varied noises as the music of pop groups, washing machines in laundrettes, and one lady complained of banging noises from her neighbour's house. On investigation it appeared the neighbour was merely fixing some new cupboards in his kitchen, and the problem was quickly resolved.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

In my report for 1968 I mentioned that all premises affected by the above Act had been inspected and that as a consequence a considerable number of notices had been served, but that it had not been possible to make re-visits in order to determine what action had been taken. I am pleased to be able to report that as a result of visits made in 1969 most of the notices served in the previous year had been complied with.

There is close co-operation between occupiers and my staff in connection with the administration of this Act, and it is pleasing to report that generally there is a desire to comply with its provisions.

REGISTRATION AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>	<i>Number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices	25	306	61
Retail shops	36	811	281
Wholesale shops, warehouses ..	2	50	8
Catering establishments open to the public, canteens	5	296	124
Fuel storage depots	1	6	3
Totals.. ..	69	1,469	477

Total number of visits of all kinds by Inspectors to registered premises under the Act 1,133.

Number of contraventions found :—

Section 4—Cleanliness	32
Section 5—Overcrowding	—
Section 6—Temperature	29
Section 7—Ventilation	5
Section 8—Lighting	14
Section 9—Sanitary conveniences	32
Section 10—Washing facilities	32
Section 11—Supply of drinking water	—
Section 12—Clothing accommodation	—
Section 13—Sitting facilities	—
Section 14—Seats (Sedentary Workers)	—
Section 15—Eating facilities	—
Section 16—Floors, passages and stairs	38
Section 17—Fencing—exposed parts machinery	1
Section 18—Protection of young persons from dangerous machinery	—
Section 19—Training of young persons working at dangerous machinery	—
Section 23—Prohibition of heavy work	—
Section 24—First Aid	35
Other matters	37
Total	255

Reported accidents

<i>Workplace</i>	<i>Number reported</i>		<i>Total number investigated</i>	<i>Action recommended</i>			
	<i>Fatal</i>	<i>Non-fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>In-formal advice</i>	<i>No action</i>
Offices	—	3	—	—	—	—	—
Retail Shops	—	17	7	—	—	—	—
Wholesale shops, warehouses	—	2	—	—	—	—	—
Catering establishments open to public, canteens.. ..	—	12	6	—	—	—	—
Fuel storage depots..	—	—	—	—	—	—	—
Total	—	34	13	—	—	—	—

Analysis of reported accidents

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel storage depots</i>
Machinery	—	3	—	—	—
Transport	—	—	—	—	—
Falls of persons ..	3	7	1	9	—
Stepping on or striking against object or person	—	—	—	—	—
Handling goods ..	—	4	1	2	—
Struck by falling object	—	1	—	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	—	—	—	—
Not otherwise specified	—	2	—	1	—

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

	Privately owned sites Residential
Number of site licences operating as at 31st December, 1969—	
(a) individual	6
(b) multiple (more than 3)	2
Total number of caravans	97
Number of prosecutions—Section 1 (i.e. unauthorised sites)	—
Number of appeals to courts against site licence conditions	—
In respect of separate licence conditions— the number of—	
(a) Variations	—
(b) Cancellations	—
Number of contraventions—Section 9—	
(a) remedied informally.. .. .	—
(b) prosecutions	—
(c) convictions	—
Number of sites made subject to conditions for reducing caravans during the year ..	—
Number of sites made subject to Section 20 (termination of use of existing site) ..	—

MISCELLANEOUS

SLAUGHTER OF ANIMALS ACT

The number of licensed slaughtermen at the end of the year was 44.

PHARMACY AND POISONS ACT

Two applications for entry on the poisons list were made.

PET ANIMALS ACT, 1951

Seven premises are licensed under this enactment.

DISEASES OF ANIMALS ACTS

Fortunately little or no action was necessary during the year.

HAIRDRESSERS

46 inspections of hairdressers premises were carried out during the year.

FERTILISERS AND FEEDING STUFFS ACT, 1926

25 samples of fertilisers and 4 samples of feeding stuffs have been taken for analysis. Two samples were reported as not correct within the limits of variation. No legal action was taken, but manufacturers were contacted in order that their processes, blending and storage could be checked.

SWIMMING BATHS

Within the County Borough are three public swimming baths controlled by the Local Authority, and one privately owned outdoor swimming pool. There are also 9 school swimming baths. They are all regularly visited for the purpose of estimating clarity and testing for Ph value and chlorine content. Regular sampling for bacteriological examination takes place, and the table below gives the results of these examinations.

<i>No. of samples taken</i>	<i>B.Coli</i>		<i>B.Coli Type 1</i>		<i>Total Count</i>		
	<i>Absent</i>	<i>Present</i>	<i>Absent</i>	<i>Present</i>	<i>Nil-10</i>	<i>10-100</i>	<i>100+</i>
105	105	—	105	—	93	10	2

Out of the 105 samples taken 4 were considered unsatisfactory, two of these were from one school where the water circulation was found to be faulty.

